



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period                 | COLUMN B<br>Calendar Year-to-Date       |
|--|---|---|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2011"/>  | <input type="text"/>                    | <input type="text" value="1836473.19"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="2685481.02"/> |   |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="178768.91"/>  | <input type="text" value="1650012.03"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="2864249.93"/> | <input type="text" value="3486485.22"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="56699.73"/>   | <input type="text" value="678935.02"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="2807550.20"/> | <input type="text" value="2807550.20"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>       |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>       |   |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Hospital Association PAC**

Report Covering the Period: From:  /  /  To:  /  /

| <b>I. Receipts</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees   |                                       |   |
| (i) Itemized (use Schedule A).....  | 116833.09                             | 719838.58                                 |
| (ii) Unitemized .....   | 56311.25                              | 299631.77                                 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 173144.34                             | 1019470.35                                |
| (b) Political Party Committees .....  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs).....  | 0.00                                  | 10000.00                                  |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 173144.34                             | 1029470.35                                |
| 12. Transfers From Affiliated/Other Party Committees.....   | 5390.00                               | 611835.00                                 |
| 13. All Loans Received .....  | 0.00                                  | 0.00                                      |
| 14. Loan Repayments Received.....   | 0.00                                  | 0.00                                      |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                                  | 1334.52                                   |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                                  | 5500.00                                   |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 234.57                                | 1872.16                                   |
| 18. Transfers from Non-Federal and Levin Funds  |                                       |   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                                  | 0.00                                      |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                                  | 0.00                                      |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                                  | 0.00                                      |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 178768.91                             | 1650012.03                                |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 178768.91                             | 1650012.03                                |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 199.73                        | 3735.02                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 199.73                        | 3735.02                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 56500.00                      | 674950.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 250.00                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 250.00                            |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 56699.73                      | 678935.02                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 56699.73                      | 678935.02                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 173144.34                     | 1029470.35                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 250.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 173144.34                     | 1029220.35                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 199.73                        | 3735.02                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 1334.52                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 199.73                        | 2400.50                           |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Anthony Burchard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6115 Beech Tree Drive  
 City Alexandria State VA Zip Code 22310-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inova Health System Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : 19452947**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr Michael King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4271 Brown Roan Ln  
 City Harrisonburg State VA Zip Code 22801-8310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockingham Memorial Hospital Occupation Senior Vice President Finance and Chie  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : 19452962**  
 Amount of Each Receipt this Period  
 350.00

**C. Mr. Ronald Ewald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 Gallows Road  
 City Falls Church State VA Zip Code 22042-3300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inova Fairfax Hospital Occupation Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : 19452983**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 178                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Paula Minnehan**  
Full Name (Last, First, Middle Initial)

Mailing Address 283 Gallopiny Hill Road

City Hopkinton State NH Zip Code 03229-3402

FEC ID number of contributing federal political committee. **C**

Name of Employer New Hampshire Hospital Association Occupation V.P., Finance and Rural Hospitals

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **321.00**

Date of Receipt **10 / 11 / 2011**

**Transaction ID : 19452994**

Amount of Each Receipt this Period **14.50**

**B. Mr. Stephen M. Ahnen**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

FEC ID number of contributing federal political committee. **C**

Name of Employer New Hampshire Hospital Association Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **916.72**

Date of Receipt **10 / 11 / 2011**

**Transaction ID : 19452995**

Amount of Each Receipt this Period **41.64**

**C. Ms. Rondra Matthews**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Alexander Walker

City Williamsburg State VA Zip Code 23185-8919

FEC ID number of contributing federal political committee. **C**

Name of Employer Riverside Health System Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **10 / 06 / 2011**

**Transaction ID : 19453005**

Amount of Each Receipt this Period **350.00**

**SUBTOTAL** of Receipts This Page (optional)..... **406.14**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 178                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. S Richelle Menke-Fleischer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Hanover Ave  
 City Norfolk State VA Zip Code 23508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverside Health System Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2011  
**Transaction ID : 19453006**  
 Amount of Each Receipt this Period 350.00

**B. Mr. Bert Reese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1513 Quail Point Road  
 City Virginia Beach State VA Zip Code 23454-3115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sentara Healthcare Occupation VP & Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2011  
**Transaction ID : 19453008**  
 Amount of Each Receipt this Period 350.00

**C. Ms. Angela Mannino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11990 Market Street Unit 1317  
 City Reston State VA Zip Code 20190-6011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inova Health System Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2011  
**Transaction ID : 19453017**  
 Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 9 OF 178                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Steven H Lipstein**

Mailing Address 10 Carrswold Drive

City Clayton State MO Zip Code 63105-2914

FEC ID number of contributing federal political committee. **C**

Name of Employer BJC HealthCare Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2011  
**Transaction ID : 19453076**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Mr. James H Ross**

Mailing Address 2900 West Picket Post Street

City Columbia State MO Zip Code 65203-9581

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Missouri Health Care Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2011  
**Transaction ID : 19453079**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Myra L. Evans**

Mailing Address 16603 R Avenue

City Tarkio State MO Zip Code 64491-9280

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Hospital-Fairfax Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2011  
**Transaction ID : 19453080**

Amount of Each Receipt this Period  
 200.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1450.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. James Bickel**

Mailing Address 4370 Washington Street

City State Zip Code  
Columbus IN 47203-1139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Columbus Regional Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : 19453659**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. JoAnn Birdzell**

Mailing Address 12431 Van Buren Street

City State Zip Code  
Crown Point IN 46307-9210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Catherine Hospital President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : 19453660**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael P Browning**

Mailing Address 12110 Hawkins Way

City State Zip Code  
Fort Wayne IN 46814-9157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Parkview Health Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : 19453665**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dennis W Dawes FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 Brandywine Court  
 City Brownsburg State IN Zip Code 46112-1076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hendricks Regional Health Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : 19453670**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Martin Padgett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1606 Fox Run Trail  
 City Jeffersonville State IN Zip Code 47130-8204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clark Memorial Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : 19453702**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Kirk M Ray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11709 Woodstream Ridge Court  
 City Fort Wayne State IN Zip Code 46845-1909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DeKalb Memorial Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : 19453704**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Sandy Merrill**

Mailing Address 2776 E. Irish Place

City State Zip Code  
Centennial CO 80122-3321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Colorado Hospital Association Director of Education & Member Service

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2011  
**Transaction ID : 19453733**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Jeffrey Brickman**

Mailing Address 11600 W. 2nd Pl

City State Zip Code  
Lakewood CO 80228-1527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Anthony Central Hospital CEO, President, MT. No. Denver Operati

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2011  
**Transaction ID : 19453762**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Jodi Chambers MD**

Mailing Address 4231 West 16th Avenue

City State Zip Code  
Denver CO 80204-1335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Anthony Central Hospital Chief Medical Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2011  
**Transaction ID : 19453801**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Woody Hathaway**  
Full Name (Last, First, Middle Initial)

Mailing Address 410 Benedicta Avenue

City State Zip Code  
Trinidad CO 81082-2005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mt. San Rafael Hospital Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2011

**Transaction ID : 19453807**

Amount of Each Receipt this Period  
250.00

**B. Ms. Susan Rudy**  
Full Name (Last, First, Middle Initial)

Mailing Address 7335 East Orchard Road Suite 100

City State Zip Code  
Englewood CO 80111-2582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Colorado Hospital Association Coordinator of Advocacy Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2011

**Transaction ID : 19453815**

Amount of Each Receipt this Period  
45.00

**C. Mr. Daniel Moen**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Sandalwood Drive

City State Zip Code  
Wilbraham MA 01095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercy Medical Center President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : 19463013**

Amount of Each Receipt this Period  
262.50

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 557.50 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 14 OF 178  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John Szum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Windsor Road  
 City East Walpole State MA Zip Code 02032-1359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Care Group, Inc. Occupation Executive Vice President & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : 19463015**  
 Amount of Each Receipt this Period  
 375.00

**B. Mrs. Dianne J. Anderson MS, RN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Brookline Avenue  
 Mail Stop ST221  
 City Boston State MA Zip Code 02215-5400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lawrence General Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : 19463016**  
 Amount of Each Receipt this Period  
 750.00

**C. Mr. Douglas Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Biotech Park  
 City Worcester State MA Zip Code 01605-2982  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMass Memorial Health Care, Inc. Occupation Senior Vice President and General Coun  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : 19463017**  
 Amount of Each Receipt this Period  
 262.50

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1387.50 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Paul Allison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1493 Cambridge Street  
 City State Zip Code  
 Cambridge MA 02139-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cambridge Health Alliance General Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : 19463033**  
 Amount of Each Receipt this Period  
 560.00

**B. Mr. Christopher Baldwin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 363 Highland Avenue  
 City State Zip Code  
 Fall River MA 02720-3703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southcoast Hospitals Group Vice President Information Systems  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : 19463034**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Linda Bodenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 363 Highland Avenue  
 City State Zip Code  
 Fall River MA 02720-3703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southcoast Hospitals Group Chief Operating Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : 19463035**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1060.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms Kathryn Burke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1561 Quaker Street  
City Northbridge State MA Zip Code 01534-1328  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mount Auburn Hospital Occupation V.P. Contracting & Bus. Development  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2011  
**Transaction ID : 19463036**  
Amount of Each Receipt this Period 250.00

**B. Ms. Sharon A. Gale RN, MSN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 Cambridge Street 220  
City Burlington State MA Zip Code 01803-3766  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Massachusetts Organization of Nurse Ex Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 302.50

Date of Receipt 10 / 18 / 2011  
**Transaction ID : 19463038**  
Amount of Each Receipt this Period 40.00

**C. Ms. Christine M. Gallery**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 Greensbriar Road  
City Canton State MA Zip Code 02021-1132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emerson Hospital Occupation Vice President, Planning & Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2011  
**Transaction ID : 19463069**  
Amount of Each Receipt this Period 62.50

**SUBTOTAL** of Receipts This Page (optional).....▶ 352.50  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Timothy F. Gens**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 New England Executive Park

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Burlington | State<br>MA | Zip Code<br>01803-5010 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |  |
|--|--|
| Name of Employer<br>Massachusetts Hospital Association | Occupation<br>Executive Vice President |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 18  |   | 2011    |

**Transaction ID : 19463070**

Amount of Each Receipt this Period  
250.00

**B. Mr. Edward Kelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Prospect Street

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Milford | State<br>MA | Zip Code<br>01757-3090 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                         |
|---|-------------------------|
| Name of Employer<br>Milford Regional Medical Center | Occupation<br>President |
|---|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 18  |   | 2011    |

**Transaction ID : 19463071**

Amount of Each Receipt this Period  
250.00

**C. Mr. Paul B. Iannini MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 71 Elm St.

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>South Dartmouth | State<br>MA | Zip Code<br>02748-3801 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                  |
|--|----------------------------------|
| Name of Employer<br>Southcoast Hospitals Group | Occupation<br>Physician-in-Chief |
|--|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 18  |   | 2011    |

**Transaction ID : 19463072**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |   |  |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 18 OF 178  |   |  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 | <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 | <input type="checkbox"/> 12<br><input type="checkbox"/> 16 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John A. Lodico**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Davis Street  
 City Belmont State MA Zip Code 02478-5030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Massachusetts Hospital Association Occupation Communications Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : 19463073**  
 Amount of Each Receipt this Period  
 280.00

**B. Mr. Edward H Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 South Street  
 City Southbridge State MA Zip Code 01550-4051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harrington Memorial Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : 19463074**  
 Amount of Each Receipt this Period  
 200.00

**C. Mr. Timothy F. Gens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 New England Executive Park  
 City Burlington State MA Zip Code 01803-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Massachusetts Hospital Association Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1095.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : 19463089**  
 Amount of Each Receipt this Period  
 45.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 525.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Peter J Holden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 275 Sandwich Street  
 City Plymouth State MA Zip Code 02360-2183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jordan Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1335.00

Date of Receipt 10 / 18 / 2011  
**Transaction ID : 19463091**  
 Amount of Each Receipt this Period 210.00

**B. Ms. Judy Holden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 S Station St.  
 City Duxbury State MA Zip Code 02332-4533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets Occupation Regional V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2011  
**Transaction ID : 19463095**  
 Amount of Each Receipt this Period 1000.00

**C. Mr. William Linesch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4508 Royal Ridge Way  
 City Kettering State OH Zip Code 45429-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Miami Valley Hospital Occupation VP Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2011  
**Transaction ID : 19465539**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1460.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Richard J Frenchie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13207 Ravenna Road  
 City Chardon State OH Zip Code 44024-7032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Geauga Regional H Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 07 / 2011**  
**Transaction ID : 19465542**  
 Amount of Each Receipt this Period **500.00**

**B. Mr. Steve Holman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4777 East Galbraith Road  
 City Cincinnati State OH Zip Code 45236-2725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jewish Hospital, The Occupation President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 07 / 2011**  
**Transaction ID : 19465587**  
 Amount of Each Receipt this Period **250.00**

**C. Mr. Paul A Hanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Anne Street NW  
 City Bemidji State MN Zip Code 56601-5103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sanford Bemidji Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **692.50**

Date of Receipt **10 / 04 / 2011**  
**Transaction ID : 19465820**  
 Amount of Each Receipt this Period **500.00**

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Andrea Kmetz-Sheehy**

Mailing Address 5805 Mait Lane

City Edina State MN Zip Code 55436-1333

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Hospitals and Clinics of Mi Occupation Trustee

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2011

**Transaction ID : 19465822**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Craig Boyer**

Mailing Address 1300 Anne Street NW

City Bemidji State MN Zip Code 56601-5117

FEC ID number of contributing federal political committee. **C**

Name of Employer Sanford Bemidji Medical Center Occupation Vice President Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2011

**Transaction ID : 19465827**

Amount of Each Receipt this Period  
**175.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Chad R. Austin**

Mailing Address 6518 SW 26th Court

City Topeka State KS Zip Code 66614-4305

FEC ID number of contributing federal political committee. **C**

Name of Employer Kansas Hospital Association Occupation Vice President, Government Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **282.69**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2011

**Transaction ID : 19465834**

Amount of Each Receipt this Period  
**67.31**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **742.31**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Linda Goodwin**  
Full Name (Last, First, Middle Initial)

Mailing Address 314 S Limuel CT

City State Zip Code  
Wichita KS 67235-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Via Christi Health Chief Nursing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 19465853**

Amount of Each Receipt this Period  
250.00

**B. Mr. John M Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 1551 N. Waterfront Parkway, Suite

City State Zip Code  
Wichita KS 67206-4467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BKD, LLP Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 19465855**

Amount of Each Receipt this Period  
250.00

**C. Mr. Fred J. Lucky**  
Full Name (Last, First, Middle Initial)

Mailing Address 14607 W 89

City State Zip Code  
Lenexa KS 66215-2967

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kansas Hospital Association Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.37

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 19465862**

Amount of Each Receipt this Period  
134.61

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 634.61 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Lynnette Rauvola-Bouta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3720 East Bayley  
 City State Zip Code  
 Wichita KS 67218-3002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Via Christi Health Senior Vice President Mission Integrat  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2011  
**Transaction ID : 19465875**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Charles O'Brien MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3033 W Donahue Drive  
 City State Zip Code  
 Sioux Falls SD 57105-0168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sanford University of South Dakota Med President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2011  
**Transaction ID : 19465888**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. James T Berry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 511  
 City State Zip Code  
 Purcell OK 73080-0511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Purcell Municipal Hospital Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2011  
**Transaction ID : 19466322**  
 Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Joe Duerr**

Mailing Address 501 North 14th Street

City State Zip Code  
Perry OK 73077-5021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Perry Memorial Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2011  
**Transaction ID : 19466330**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Cynthia Duncan**

Mailing Address 1115 East Jasmine

City State Zip Code  
Frederick OK 73542-4020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Memorial Hospital and Physician Group Chief Operating Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2011  
**Transaction ID : 19466331**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Debbie Howe**

Mailing Address 3701 East Main Street

City State Zip Code  
Weatherford OK 73096-3309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Weatherford Regional Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2011  
**Transaction ID : 19466346**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Corey Lively**  
Full Name (Last, First, Middle Initial)  
Mailing Address 429 West Elm Street  
City Hobart State OK Zip Code 73651-1615  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Elkview General Hospital Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2011  
**Transaction ID : 19466349**  
Amount of Each Receipt this Period  
250.00

**B. Mr. Denver Talley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2220 West Iowa Avenue  
City Chickasha State OK Zip Code 73018-2738  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Grady Memorial Hospital Occupation Chairman  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2011  
**Transaction ID : 19466358**  
Amount of Each Receipt this Period  
250.00

**C. Mr. Jeffrey S Tarrant FACHE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 South Third Street  
City Enid State OK Zip Code 73701-5737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Integris Bass Pavilion Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2011  
**Transaction ID : 19466359**  
Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Brian K Woodliff</b>   |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 11 / 2011 |
| Mailing Address P O Box 1008  |   | <b>Transaction ID : 19466365</b>                                 |
| City<br>Tahlequah   | State<br>OK   | Zip Code<br>74465-1008   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>500.00        |  |
| Name of Employer<br>Tahlequah City Hospital   | Occupation<br>President and Chief Executive Officer |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dr. Lanny R Copeland MD</b>  |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 20 / 2011 |
| Mailing Address 103 Powell Court, Suite 200   |  | <b>Transaction ID : 19466366</b>                                 |
| City<br>Brentwood   | State<br>TN                                  | Zip Code<br>37027-5079   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>350.00 |  |
| Name of Employer<br>LifePoint Hospitals, Inc.   | Occupation<br>Chief Medical Officer          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Shawn Smothers</b>   |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 18 / 2011 |
| Mailing Address 4920 61st Ave SE  |   | <b>Transaction ID : 19466368</b>                                 |
| City<br>Minot   | State<br>ND                                   | Zip Code<br>58701-2325   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>1000.00 |  |
| Name of Employer<br>Kenmare Community Hospital  | Occupation<br>Administrator                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00           |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1850.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Paul R Bengtson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 905

City Saint Johnsbury State VT Zip Code 05819-0905

FEC ID number of contributing federal political committee. **C**

Name of Employer Northeastern Vermont Regional Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2011  
**Transaction ID : 19466378**

Amount of Each Receipt this Period  
**350.00**

**B. Mr. Thomas A Dee**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Hospital Drive

City Bennington State VT Zip Code 05201-5004

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwestern Vermont Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2011  
**Transaction ID : 19466379**

Amount of Each Receipt this Period  
**350.00**

**C. Mr. Kevin Donovan FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 512 Brookside Dr

City New London State NH Zip Code 03257-5858

FEC ID number of contributing federal political committee. **C**

Name of Employer Mt. Ascutney Hospital and Health Cente Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011  
**Transaction ID : 19466380**

Amount of Each Receipt this Period  
**350.00**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1050.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Paula Minnehan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 283 Gallopiny Hill Road  
 City Hopkinton State NH Zip Code 03229-3402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Hampshire Hospital Association Occupation V.P., Finance and Rural Hospitals  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.50

Date of Receipt 10 / 24 / 2011  
**Transaction ID : 19466381**  
 Amount of Each Receipt this Period 14.50

**B. Mr. Stephen M. Ahnen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 Airport Road  
 City Concord State NH Zip Code 03301-7300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Hampshire Hospital Association Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 958.36

Date of Receipt 10 / 24 / 2011  
**Transaction ID : 19466382**  
 Amount of Each Receipt this Period 41.64

**C. Ms. Nancy Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 250  
 City Marshall State MO Zip Code 65340-0250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fitzgibbon Hospital Occupation Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2011  
**Transaction ID : 19466736**  
 Amount of Each Receipt this Period 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 306.14 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Ronald A. Ott**  
Full Name (Last, First, Middle Initial)

Mailing Address 1051 South Hawthorne Avenue

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Marshall | State<br>MO | Zip Code<br>65340-3614 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                       |
|---|---------------------------------------|
| Name of Employer<br>Fitzgibbon Hospital | Occupation<br>Chief Executive Officer |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 20    |   | 2011        |

**Transaction ID : 19466737**

Amount of Each Receipt this Period  
250.00

**B. Mr. James L. Muehlhauser**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 West Lakeview Drive

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>De Soto | State<br>MO | Zip Code<br>63020-3811 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |   |
|---|---|
| Name of Employer<br>Jefferson Regional Medical Center | Occupation<br>President and Chief Executive Officer |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 20    |   | 2011        |

**Transaction ID : 19466743**

Amount of Each Receipt this Period  
250.00

**C. Ms. Barbara M. Bozzuto**  
Full Name (Last, First, Middle Initial)

Mailing Address 6025 Hollins Ave

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Baltimore | State<br>MD | Zip Code<br>21210-1006 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                    |
|--|------------------------------------|
| Name of Employer<br>Saint Agnes Hospital | Occupation<br>Trustee/Board Member |
|--|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 21    |   | 2011        |

**Transaction ID : 19466754**

Amount of Each Receipt this Period  
510.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1010.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Denise Matricciani**

Mailing Address 4423 Necker Avenue

City Nottingham      State MD      Zip Code 21236-2968

FEC ID number of contributing federal political committee. **C**

Name of Employer Maryland Hospital Association      Occupation Vice President, Government Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2011  
**Transaction ID : 19466758**

Amount of Each Receipt this Period  
255.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Mark S Rulle**

Mailing Address 1148 Hamilton Blvd.

City Hagerstown      State MD      Zip Code 21742-3339

FEC ID number of contributing federal political committee. **C**

Name of Employer Maryland Hospital Association      Occupation President, MHEI

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2011  
**Transaction ID : 19466759**

Amount of Each Receipt this Period  
255.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Steven A Rose , R.N.**

Mailing Address 801 Middleford Road

City Seaford      State DE      Zip Code 19973-3636

FEC ID number of contributing federal political committee. **C**

Name of Employer Nanticoke Memorial Hospital      Occupation President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2011  
**Transaction ID : 19466766**

Amount of Each Receipt this Period  
425.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 935.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John Christopher Lang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1517 Deer Path  
 City Raymore State MO Zip Code 64083-8180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cass Regional Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : 19467416**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Norman F Stephens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 651 Memorial Drive  
 City Pocatello State ID Zip Code 83201-4071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Portneuf Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : 19467430**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Mark M Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13700 St Francis Boulevard  
 City Midlothian State VA Zip Code 23114-3222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours St. Francis Medical Center Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2011  
**Transaction ID : 19467440**  
 Amount of Each Receipt this Period  
 200.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 950.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Alfred Khoury**  
Full Name (Last, First, Middle Initial)

Mailing Address 6530 Sothoron Rd

City McLean State VA Zip Code 22101-3022

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Health System Occupation Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
10 / 13 / 2011  
**Transaction ID : 19467441**

Amount of Each Receipt this Period  
350.00

**B. Ms. Cheryl Ricciardi**  
Full Name (Last, First, Middle Initial)

Mailing Address 15218 Philip Lee Road

City Chantilly State VA Zip Code 20151-1309

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Fair Oaks Hospital Occupation Director, Case Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
10 / 13 / 2011  
**Transaction ID : 19467442**

Amount of Each Receipt this Period  
350.00

**C. Ms. Amy Sampson**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Children's Lane

City Norfolk State VA Zip Code 23507-1910

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Hospital of The King's Daug Occupation Vice President Public Relations, Marke

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
10 / 13 / 2011  
**Transaction ID : 19467444**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Edmond R. Jordan**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Graylyn Drive

City Anderson State SC Zip Code 29621-1985

FEC ID number of contributing federal political committee. **C**

Name of Employer: AnMed Health Medical Center  
Occupation: Director of Urgent Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 21 / 2011  
Transaction ID : 19467492

Amount of Each Receipt this Period: 500.00

**B. Mr. Jay Cox FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1125 Summit Drive

City Sumter State SC Zip Code 29150-1771

FEC ID number of contributing federal political committee. **C**

Name of Employer: Tuomey Healthcare System  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 21 / 2011  
Transaction ID : 19467495

Amount of Each Receipt this Period: 550.00

**C. Dr. Gene Dickerson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Mason Croft

City Sumter State SC Zip Code 29150-4013

FEC ID number of contributing federal political committee. **C**

Name of Employer: Tuomey Healthcare System  
Occupation: Vice President Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 21 / 2011  
Transaction ID : 19467496

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Gregg Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 845 Oakbrook Blvd  
City Sumter State SC Zip Code 29150-1730  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tuomey Healthcare System Occupation Senior Vice President and Chief Operat  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2011  
**Transaction ID : 19467498**  
Amount of Each Receipt this Period 250.00

**B. Ms. Gail Finley MHA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7335 East Orchard Road Suite 100  
City Greenwood Village State CO Zip Code 80111-2582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Colorado Hospital Association Occupation VP Policy Analysis & Strategic Plannin  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 24 / 2011  
**Transaction ID : 19467513**  
Amount of Each Receipt this Period 75.00

**c. Mr. David P Gehant**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 9019  
City Boulder State CO Zip Code 80301-9019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boulder Community Hospital Occupation President and Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2011  
**Transaction ID : 19467514**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 825.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Lawrence R McEvoy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 1326  
 City Colorado Springs State CO Zip Code 80901-1326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Health System Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2011  
**Transaction ID : 19467518**  
 Amount of Each Receipt this Period  
**250.00**

**B. Ms. Sandy Merrill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2776 E. Irish Place  
 City Centennial State CO Zip Code 80122-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Colorado Hospital Association Occupation Director of Education & Member Service  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2011  
**Transaction ID : 19467524**  
 Amount of Each Receipt this Period  
**25.00**

**C. Mr. Michael Englehart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12840 Sycamore  
 City Palos Heights State IL Zip Code 60463-1939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate South Suburban Hospital Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2011  
**Transaction ID : 19467849**  
 Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **775.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. John Bomher**

Mailing Address 1151 E. Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Illinois Hospital Association Senior VP, Health Policy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011  
**Transaction ID : 19467851**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. James Dan**

Mailing Address 511 Forest Mews

City State Zip Code  
Oak Brook IL 60523-2643

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advocate Health Care President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011  
**Transaction ID : 19467854**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Pamela Hill**

Mailing Address 1324 North Sheridan Road

City State Zip Code  
Waukegan IL 60085-2161

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Vista Medical Center West Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011  
**Transaction ID : 19467863**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. James M. Hohner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2159 W. Agatite

City Chicago State IL Zip Code 60625-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : 19467864**

Amount of Each Receipt this Period  
 250.00

**B. Ms. Colleen Kannaday FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2850

City Bloomington State IL Zip Code 61702-2850

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate BroMenn Medical Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : 19467865**

Amount of Each Receipt this Period  
 500.00

**C. Mr. Brian J Lemon**  
Full Name (Last, First, Middle Initial)

Mailing Address 3249 South Oak Park Avenue

City Berwyn State IL Zip Code 60402-3429

FEC ID number of contributing federal political committee. **C**

Name of Employer MacNeal Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : 19467880**

Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Barbara J Martin RN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2615 Washington Street

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Waukegan | State<br>IL | Zip Code<br>60085-4980 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |   |
|---|---|
| Name of Employer<br>Vista Medical Center West | Occupation<br>President and Chief Executive Officer |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 13    |   | 2011        |

**Transaction ID : 19467881**

Amount of Each Receipt this Period  
500.00

**B. Mr. Robert C Schmitt II**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 429

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Gibson City | State<br>IL | Zip Code<br>60936-0429 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer<br>Gibson Area Hospital and Health Servic | Occupation<br>Chief Executive Officer |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 13    |   | 2011        |

**Transaction ID : 19467886**

Amount of Each Receipt this Period  
500.00

**C. Mr. David L. Schreiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1435 Tilton Park Drive

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Dixon | State<br>IL | Zip Code<br>61021-1437 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                               |
|--|-------------------------------|
| Name of Employer<br>Katherine Shaw Bethea Hospital | Occupation<br>President & CEO |
|--|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 13    |   | 2011        |

**Transaction ID : 19467887**

Amount of Each Receipt this Period  
500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. J. Kirk Norris**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue, Suite 100

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Des Moines | State<br>IA | Zip Code<br>50309-1800 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                         |
|---|-------------------------|
| Name of Employer<br>Iowa Hospital Association | Occupation<br>President |
|---|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 25    | / | 2011        |

**Transaction ID : 19468090**

Amount of Each Receipt this Period  
1000.00

**B. Mr. Frank R. Brownell III**  
Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 76  
100 North 10th Street

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Montezuma | State<br>IA | Zip Code<br>50171-0076 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                       |
|--|-----------------------|
| Name of Employer<br>Grinnell Regional Medical Center | Occupation<br>Trustee |
|--|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 25    | / | 2011        |

**Transaction ID : 19468091**

Amount of Each Receipt this Period  
750.00

**C. Mr. James G FitzPatrick , FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Fourth Street SW

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Mason City | State<br>IA | Zip Code<br>50401-2800 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |   |
|---|---|
| Name of Employer<br>Mercy Medical Center-North Iowa | Occupation<br>President and Chief Executive Officer |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 25    | / | 2011        |

**Transaction ID : 19468092**

Amount of Each Receipt this Period  
750.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. William B Leaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Pleasant Street  
 City Des Moines State IA Zip Code 50309-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Health System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468093**  
 Amount of Each Receipt this Period  
 600.00

**B. Mr. Russell M Knight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Mercy Drive  
 City Dubuque State IA Zip Code 52001-7320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Center-Dubuque Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468094**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. C James Platt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 174  
 City Fort Madison State IA Zip Code 52627-0174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fort Madison Community Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468100**  
 Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David H Vellinga FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 6th Avenue  
 City Des Moines State IA Zip Code 50314-2613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Center-Des Moines Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468101**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Thomas C Evans M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Pleasant Street  
 City Des Moines State IA Zip Code 50309-1453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Health System Occupation Vice President and Chief Medical Offic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468102**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. John E Knox FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1825 Logan Avenue  
 City Waterloo State IA Zip Code 50703-1916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allen Memorial Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468103**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Shannon Strickler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1403 66th Street  
 City Windsor Heights State IA Zip Code 50324-1722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Hospital Association Occupation Director, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468104**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Theodore E Townsend FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1795 Highway 64 East  
 City Anamosa State IA Zip Code 52205-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jones Regional Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468105**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Peter W Thoreen FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2720 Stone Park Boulevard  
 City Sioux City State IA Zip Code 51104-3795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Luke's Regional Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468106**  
 Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Marie E Knedler**

Mailing Address 17683 Lochland Ridge

City State Zip Code  
Council Bluffs IA 51503-4493

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alegent Health-Mercy Hospital Vice President and Chief Operating Off

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011  
**Transaction ID : 19468107**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. John C Sheehan**

Mailing Address P O Box 3026

City State Zip Code  
Cedar Rapids IA 52406-3026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Luke's Hospital Executive Vice President and COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011  
**Transaction ID : 19468108**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Timothy L Charles**

Mailing Address 701 Tenth Street SE

City State Zip Code  
Cedar Rapids IA 52403-1251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercy Medical Center President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011  
**Transaction ID : 19468109**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 44 OF 178               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Suku Radia**  
Full Name (Last, First, Middle Initial)

Mailing Address 4800 Stonebridge Circle

|                 |       |            |
|-----------------|-------|------------|
| City            | State | Zip Code   |
| West Des Moines | IA    | 50265-2982 |

FEC ID number of contributing federal political committee. **C**

|                      |                         |
|----------------------|-------------------------|
| Name of Employer     | Occupation              |
| Mercy Medical Center | Chief Financial Officer |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 25    |   | 2011        |

**Transaction ID : 19468110**

Amount of Each Receipt this Period  
500.00

**B. Mr. Gary S Kahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 N 2Nd Ave W

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Newton | IA    | 50208-3246 |

FEC ID number of contributing federal political committee. **C**

|                             |            |
|-----------------------------|------------|
| Name of Employer            | Occupation |
| John Stoddard Cancer Center | Trustee    |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 25    |   | 2011        |

**Transaction ID : 19468111**

Amount of Each Receipt this Period  
500.00

**C. Mr. Jody J Jenner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1801 Hickman Road

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Des Moines | IA    | 50314-1548 |

FEC ID number of contributing federal political committee. **C**

|                           |                                       |
|---------------------------|---------------------------------------|
| Name of Employer          | Occupation                            |
| Broadlawns Medical Center | President and Chief Executive Officer |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 25    |   | 2011        |

**Transaction ID : 19468112**

Amount of Each Receipt this Period  
500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Dennis A. White</b>  |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 25 / 2011<br><b>Transaction ID : 19468113</b> |
| Mailing Address 100 East Graham Avenue<br>Suite 100   |                                     | Amount of Each Receipt this Period<br>500.00   |
| City<br>Des Moines  | State<br>IA                         |  |
| Zip Code<br>50309-1835  |                                     | Aggregate Year-to-Date ▼<br>500.00   |
| FEC ID number of contributing federal political committee.<br>C   |                                     |  |
| Name of Employer<br>Iowa Hospital Association   | Occupation<br>Senior Vice President |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                     |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Rebecca Anthony</b>  |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 25 / 2011<br><b>Transaction ID : 19468114</b> |
| Mailing Address 100 East Grand Avenue<br>Suite 100  |   | Amount of Each Receipt this Period<br>500.00   |
| City<br>Des Moines  | State<br>IA                             |  |
| Zip Code<br>50309-1800  |   | Aggregate Year-to-Date ▼<br>500.00   |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Iowa Hospital Association   | Occupation<br>Vice President, Education |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Greg E. Boattenhamer</b>   |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 25 / 2011<br><b>Transaction ID : 19468123</b> |
| Mailing Address 100 East Grand Avenue<br>Suite 100  |  | Amount of Each Receipt this Period<br>500.00   |
| City<br>Des Moines  | State<br>IA  |  |
| Zip Code<br>50309-1829  |  | Aggregate Year-to-Date ▼<br>500.00   |
| FEC ID number of contributing federal political committee.<br>C   |  |  |
| Name of Employer<br>Iowa Hospital Association   | Occupation<br>Sr. Vice President, Government Relatio |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Perry J. Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1920 SE Olson Drive  
 City State Zip Code  
 Waukee IA 50263-8180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Iowa Hospital Association Vice President, Information Center  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468124**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Art J. Spies**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 E. Grand Ave. Suite 100  
 City State Zip Code  
 Des Moines IA 50309-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Iowa Hospital Association Senior Vice President, Membership Svcs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468125**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Maureen Keehne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 East Grand Avenue  
 Suite 100  
 City State Zip Code  
 Des Moines IA 50309-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Iowa Hospital Association Vice President and General Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468126**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Steven P Baumert**

Mailing Address P O Box 2C

City State Zip Code  
Council Bluffs IA 51502-3002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jennie Edmundson Hospital President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468127**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Marilyn E. Kaptain-Dahlen**

Mailing Address 801 15th Street  
Box 203

City State Zip Code  
Sioux City IA 51105-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercy Medical Center-Sioux City Vice President, Regionalization

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468128**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Mark D Richardson FACHE**

Mailing Address 1221 South Gear Avenue

City State Zip Code  
West Burlington IA 52655-1681

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Great River Medical Center President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468129**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Francis G Tramp**  
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Diamond Street

City Onawa State IA Zip Code 51040-1548

FEC ID number of contributing federal political committee. **C**

Name of Employer Burgess Health Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011

**Transaction ID : 19468130**

Amount of Each Receipt this Period  
**375.00**

**B. Barbara C. Peterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 10th St. SE

City Cedar Rapids State IA Zip Code 52403-1251

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Medical Center Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011

**Transaction ID : 19468131**

Amount of Each Receipt this Period  
**375.00**

**C. Mr. Scott A Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1515 South Phillips Street

City Algona State IA Zip Code 50511-3649

FEC ID number of contributing federal political committee. **C**

Name of Employer Kossuth Regional Health Center Occupation Administrator and Chief Executive Offi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **301.23**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011

**Transaction ID : 19468132**

Amount of Each Receipt this Period  
**301.23**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1051.23</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Clinton J Christianson FACHE**

Mailing Address 1 St Joseph's Drive

City State Zip Code  
Centerville IA 52544-9017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercy Medical Center-Centerville President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468133**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Jay Christensen FACHE**

Mailing Address 1229 'C' Avenue East

City State Zip Code  
Oskaloosa IA 52577-4246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mahaska Health Partnership Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468134**

Amount of Each Receipt this Period  
275.00

Full Name (Last, First, Middle Initial)  
**c. Ms Donna J Vandelaar , R.N.**

Mailing Address 610 10th Street

City State Zip Code  
Perry IA 50220-2221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dallas County Hospital Chief Clinical Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468135**

Amount of Each Receipt this Period  
262.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **837.50**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Matt Wille**  
Full Name (Last, First, Middle Initial)

Mailing Address 610 10th Street

City Perry State IA Zip Code 50220-2221

FEC ID number of contributing federal political committee. **C**

Name of Employer Dallas County Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 25 / 2011  
**Transaction ID : 19468136**

Amount of Each Receipt this Period 262.50

**B. Ms. Joan Bierman**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Sioux Valley Drive

City Cherokee State IA Zip Code 51012-1205

FEC ID number of contributing federal political committee. **C**

Name of Employer Cherokee Regional Medical Center Occupation Vice President Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 25 / 2011  
**Transaction ID : 19468137**

Amount of Each Receipt this Period 252.00

**C. Ms. Pamela K Delagardelle**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 East 'J' Avenue

City Grundy Center State IA Zip Code 50638-2028

FEC ID number of contributing federal political committee. **C**

Name of Employer Grundy County Memorial Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2011  
**Transaction ID : 19468138**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 764.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Gregory A Paris FACHE**

Mailing Address 6580 165th Street

City State Zip Code  
Albia IA 52531-8793

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Monroe County Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468139**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Joseph S Smith**

Mailing Address 1015 Union Street

City State Zip Code  
Boone IA 50036-4898

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Boone County Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468140**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Gary P Riedmann FACHE**

Mailing Address P O Box 628

City State Zip Code  
Carroll IA 51401-0628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Anthony Regional Hospital President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468141**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. James Tinker**

Mailing Address 701 Tenth Street SE

City Cedar Rapids      State IA      Zip Code 52403-1251

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Medical Center      Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011  
**Transaction ID : 19468142**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. John M Comstock**

Mailing Address 300 Sioux Valley Drive

City Cherokee      State IA      Zip Code 51012-1205

FEC ID number of contributing federal political committee. **C**

Name of Employer Cherokee Regional Medical Center      Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011  
**Transaction ID : 19468143**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Steven J Simonin**

Mailing Address 1316 South Main Street

City Clarion      State IA      Zip Code 50525-2019

FEC ID number of contributing federal political committee. **C**

Name of Employer Wright Medical Center      Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011  
**Transaction ID : 19468144**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Todd C Linden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 Fourth Avenue  
 City Grinnell State IA Zip Code 50112-1886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grinnell Regional Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468145**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Karen L Bossard MPH, FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 West Lincolnway  
 City Jefferson State IA Zip Code 50129-1645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greene County Medical Center Occupation Administrator and Chief Executive Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468146**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Lon D Butikofer RN, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 359  
 City Manchester State IA Zip Code 52057-0359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regional Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468147**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Margaret Soulen Hinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1824 Jones Rd  
 City Weiser State ID Zip Code 83672-5536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Weiser Memorial Hospital Occupation Chairman, Board of Trustees  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2011  
**Transaction ID : 19468148**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Jeff Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 892  
 City Salmon State ID Zip Code 83467-0892  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Steele Memorial Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2011  
**Transaction ID : 19468149**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Kathy D Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1717 Arlington  
 City Caldwell State ID Zip Code 83605-4802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Valley Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2011  
**Transaction ID : 19468150**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. James L Angle FACHE**

Mailing Address P O Box 409

City State Zip Code  
Twin Falls ID 83303-0409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Luke's Magic Valley Medical Center Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2011  
**Transaction ID : 19468151**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Allen E Pohren**

Mailing Address P O Box 498

City State Zip Code  
Red Oak IA 51566-0498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Montgomery County Memorial Hospital Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468191**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Michelle Niermann**

Mailing Address P O Box 3026

City State Zip Code  
Cedar Rapids IA 52406-3026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Luke's Hospital Vice President Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468192**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Michael T Donlin FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 Lincoln Street NE  
 City State Zip Code  
 Le Mars IA 51031-3314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Floyd Valley Hospital/Avera Health Administrator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468193**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Michael D Myers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 First Street SE  
 City State Zip Code  
 Waukon IA 52172-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Veterans Memorial Hospital Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468194**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Kim Price**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Woodland Dr  
 City State Zip Code  
 Forest City IA 50436-2418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mercy Medical Center-North Iowa Director, Clinics  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468195**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Michael D Trachta FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Tenth Street SE  
 City Cedar Rapids State IA Zip Code 52403-1251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Center Occupation Executive Vice President and Chief Ope  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468201**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Joseph D LeValley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 6th Avenue  
 City Des Moines State IA Zip Code 50314-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Center-Des Moines Occupation Senior Vice President Planning and Adv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468202**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Brian Dieter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 Duff Avenue  
 City Ames State IA Zip Code 50010-5745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mary Greeley Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468203**  
 Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 58 OF 178               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Carol E. Twedt**

Mailing Address 4344 Pine Ridge Trail NE

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Iowa City | IA    | 52240-7830 |

FEC ID number of contributing federal political committee. **C**

|                  |  |
|------------------|--|
| Name of Employer | Occupation                             |
| Mercy Iowa City  | Director, Clinical Information Service |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 25    | / | 2011        |

**Transaction ID : 19468204**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Vincent Mandracchia DPM, MHA**

Mailing Address 1801 Hickman Road

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Des Moines | IA    | 50314-1505 |

FEC ID number of contributing federal political committee. **C**

|                          |                       |
|--------------------------|-----------------------|
| Name of Employer         | Occupation            |
| Broadlawn Medical Center | Chief Medical Officer |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 25    | / | 2011        |

**Transaction ID : 19468205**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Jack Dusenbery**

Mailing Address 3421 West Ninth Street

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Waterloo | IA    | 50702-5499 |

FEC ID number of contributing federal political committee. **C**

|                         |                                       |
|-------------------------|---------------------------------------|
| Name of Employer        | Occupation                            |
| Covenant Medical Center | President and Chief Executive Officer |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 25    | / | 2011        |

**Transaction ID : 19468220**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Michael A Romano MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 2C  
 City Council Bluffs State IA Zip Code 51502-3002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jennie Edmundson Hospital Occupation Vice President Medical Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468221**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Jason Harrington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box AB  
 City Spirit Lake State IA Zip Code 51360-0159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lakes Regional Healthcare Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468222**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Sandra L. McIntosh RN, MA, CN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1208 Woodland Dr. SE  
 City Cedar Rapids State IA Zip Code 52403-9076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Luke's Hospital Occupation Director, Emergency Medical/Surgical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19468223**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Laura Malone**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Grand Avenue  
Suite 100

City Des Moines State IA Zip Code 50309-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association Occupation Director of Nursing & Clinical Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 25 / 2011  
**Transaction ID : 19468224**

Amount of Each Receipt this Period  
250.00

**B. Ms. Mary Ann Osborn RN, MA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1026 A Avenue

City Cedar Rapids State IA Zip Code 52402-5036

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Luke's Hospital Occupation Vice President, Chief Clinical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 25 / 2011  
**Transaction ID : 19468226**

Amount of Each Receipt this Period  
250.00

**C. Ms. Susan Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Collins St.

City Webster City State IA Zip Code 50595-2621

FEC ID number of contributing federal political committee. **C**

Name of Employer Trinity Regional Medical Center Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 25 / 2011  
**Transaction ID : 19468227**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 61 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Teresa Mock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 603 East 12th Street

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Des Moines | State<br>IA | Zip Code<br>50319-9017 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                   |                                |
|-----------------------------------|--------------------------------|
| Name of Employer<br>Mercy Capitol | Occupation<br>Medical Director |
|-----------------------------------|--------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 25    |   | 2011        |

**Transaction ID : 19468228**

Amount of Each Receipt this Period  
250.00

**B. Mr. Daniel J Werner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 Montgomery Street

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Decorah | State<br>IA | Zip Code<br>52101-2325 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |  |
|---|--|
| Name of Employer<br>Winneshiek Medical Center | Occupation<br>Chief Administrative Officer |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 25    |   | 2011        |

**Transaction ID : 19468229**

Amount of Each Receipt this Period  
250.00

**C. Ms. Diane Fischels**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1791 Springview Dr.

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Mason City | State<br>IA | Zip Code<br>50401-4759 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |  |
|---|--|
| Name of Employer<br>Mercy Medical Center-North Iowa | Occupation<br>VP, Organizational Development |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 25    |   | 2011        |

**Transaction ID : 19468230**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 62 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Barb McCaulley**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Fourth Street SW

City State Zip Code  
Mason City IA 50401-2800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercy Medical Center-North Iowa Vice President Mission/Ethics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011  
**Transaction ID : 19468243**

Amount of Each Receipt this Period  
250.00

**B. Mr. James M Hayes**  
Full Name (Last, First, Middle Initial)

Mailing Address 1518 Mulberry Avenue

City State Zip Code  
Muscatine IA 52761-3433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Trinity Muscatine Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011  
**Transaction ID : 19468244**

Amount of Each Receipt this Period  
250.00

**C. Dr. Carol A. Watson Ph.D., RN**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 NB  
50 Newton Road

City State Zip Code  
Iowa City IA 52242-9296

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Genesis Health System Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011  
**Transaction ID : 19468245**

Amount of Each Receipt this Period  
250.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Timothy Horrigan**

Mailing Address 1825 Logan Avenue

City Waterloo State IA Zip Code 50703-1916

FEC ID number of contributing federal political committee. **C**

Name of Employer Allen Memorial Hospital Occupation Chief Medical Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2011**

**Transaction ID : 19468246**

Amount of Each Receipt this Period  
**210.88**

Full Name (Last, First, Middle Initial)  
**B. Mr. Dan Royer**

Mailing Address 100 East Grand Avenue

City Des Moines State IA Zip Code 50309-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association Occupation Director, Advocacy Development

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.89**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2011**

**Transaction ID : 19468248**

Amount of Each Receipt this Period  
**210.89**

Full Name (Last, First, Middle Initial)  
**C. Mr. Matthew Anderson JD**

Mailing Address 2550 University Avenue W.

City Saint Paul State MN Zip Code 55114-1052

FEC ID number of contributing federal political committee. **C**

Name of Employer Minnesota Hospital Association Occupation Vice Pres, Regulatory/Strategic Affair

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.93**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2011**

**Transaction ID : 19469031**

Amount of Each Receipt this Period  
**269.29**

**SUBTOTAL** of Receipts This Page (optional)..... ► **691.06**

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 64 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Debra K Boardman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 East 34th Street  
 City Hibbing State MN Zip Code 55746-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fairview Range Regional Health Service Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 10 / 25 / 2011  
**Transaction ID : 19469033**  
 Amount of Each Receipt this Period 155.00

**B. Mr. Brendan Cassidy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2136 Ford Parkway Ste. 186  
 City Saint Paul State MN Zip Code 55116-1863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medicalis Occupation Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 10 / 25 / 2011  
**Transaction ID : 19469036**  
 Amount of Each Receipt this Period 62.50

**C. Mr. George Gerlach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 345 Tenth Avenue  
 City Granite Falls State MN Zip Code 56241-1499  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Granite Falls Municipal Hospital and M Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2011  
**Transaction ID : 19469038**  
 Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 292.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 65 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Ann Gibson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.  
Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

FEC ID number of contributing federal political committee. **C**

Name of Employer Minnesota Hospital Association Occupation Director, Federal Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **10 / 25 / 2011**

**Transaction ID : 19469039**

Amount of Each Receipt this Period **134.61**

**B. Ms. Jo Ann Hoag**  
Full Name (Last, First, Middle Initial)

Mailing Address 915 East First Street

City Duluth State MN Zip Code 55805-2107

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Luke's Hospital Occupation Vice President, Chief Nursing Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **217.50**

Date of Receipt **10 / 25 / 2011**

**Transaction ID : 19476934**

Amount of Each Receipt this Period **217.50**

**C. Mr. Benjamin Koppelman**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Pleasant Avenue

City Park Rapids State MN Zip Code 56470-1431

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph's Area Health Services Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 25 / 2011**

**Transaction ID : 19476936**

Amount of Each Receipt this Period **75.00**

**SUBTOTAL** of Receipts This Page (optional)..... **427.11**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 66 OF 178  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Mary Krinkie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue W.  
 Suite 350-S  
 City Saint Paul State MN Zip Code 55114-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Minnesota Hospital Association Occupation Vice President, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19476939**  
 Amount of Each Receipt this Period  
 25.00

**B. Mr. Frank Lawatsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1815 Wisconsin Avenue  
 City Benson State MN Zip Code 56215-1653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Swift County-Benson Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19476941**  
 Amount of Each Receipt this Period  
 47.50

**C. Mr. Lawrence J Massa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue West, Suite  
 City Saint Paul State MN Zip Code 55114-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Minnesota Hospital Association Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19476944**  
 Amount of Each Receipt this Period  
 150.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 222.50 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Ben Peltier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue W.  
 Suite 350-S  
 City State Zip Code  
 Saint Paul MN 55114-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Minnesota Hospital Association Vice President, Legal Services  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 681.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19476951**  
 Amount of Each Receipt this Period  
 318.15

**B. Mr. Joe Schindler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue W.  
 Suite 350-S  
 City State Zip Code  
 Saint Paul MN 55114-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Minnesota Hospital Association Senior Director of Data and Finance Po  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19483135**  
 Amount of Each Receipt this Period  
 134.61

**C. Ms. Rachelle H Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 5600  
 City State Zip Code  
 Winona MN 55987-0600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Winona Health President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19483137**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 702.76  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 68 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Mark Sonneborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Saint Paul | State<br>MN | Zip Code<br>55114-1052 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |  |
|--|--|
| Name of Employer<br>Minnesota Hospital Association | Occupation<br>Vice President of Information Services |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 25    |   | 2011        |

**Transaction ID : 19483139**

Amount of Each Receipt this Period  

|        |
|--------|
| 140.00 |
|--------|

**B. Mr. Randy Ulseth**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 South Highway 65

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Mora | State<br>MN | Zip Code<br>55051-1899 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| Name of Employer<br>Kanabec Hospital | Occupation<br>Chief Executive Officer |
|--------------------------------------|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 25    |   | 2011        |

**Transaction ID : 19483144**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

**C. Ms. Peggy Westby**  
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.  
Suite 350-S

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Saint Paul | State<br>MN | Zip Code<br>55114-1052 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                              |
|--|------------------------------|
| Name of Employer<br>Minnesota Hospital Association | Occupation<br>Vice President |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 25    |   | 2011        |

**Transaction ID : 19483148**

Amount of Each Receipt this Period  

|        |
|--------|
| 134.61 |
|--------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>524.61</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 69 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Kimber L Wraalstad FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 5th Avenue West  
 City Grand Marais State MN Zip Code 55604-3017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cook County North Shore Hospital Occupation Administrator and Chief Executive Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19483150**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Scott Bowman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Wright Street  
 City Sweetwater State TN Zip Code 37874-2897  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sweetwater Hospital Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496810**  
 Amount of Each Receipt this Period  
 500.00

**c. Mr. Chris Clarke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Interstate Blvd. South  
 City Nashville State TN Zip Code 37210-4634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Hospital Association Occupation Senior Vice President, Center for Pati  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496811**  
 Amount of Each Receipt this Period  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 70 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. James L. Goodloe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Interstate Blvd. South  
 City Nashville State TN Zip Code 37210-4634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Hospital Association Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496812**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Bill Jolley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Interstate Blvd., South  
 City Nashville State TN Zip Code 37210-4634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Hospital Association Occupation Vice-President-Rural Health Issues  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496813**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. David Neiger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Interstate Boulevard South  
 City Nashville State TN Zip Code 37210-4634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Hospital Association Occupation VP Accounting/ Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496816**  
 Amount of Each Receipt this Period  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Christopher Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2206 Avenham Ave. SW  
 City State Zip Code  
 Roanoke VA 24014-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carilion Clinic Chair, Department of Surgery  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496838**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr. Wade Broughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Town Center Drive, Suite 1000  
 City State Zip Code  
 Newport News VA 23606-4286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Riverside Health System Executive Vice President and Chief Fin  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496839**  
 Amount of Each Receipt this Period  
 350.00

**C. Mr. W Scott Burnette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 90  
 City State Zip Code  
 South Hill VA 23970-0090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Community Memorial Healthcenter President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496840**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 72 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mrs. Beth Carlson RN, BSN, M**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Sentara Cir  
 City Williamsburg State VA Zip Code 23188-5713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sentara Williamsburg Regional Medical Occupation VP Patient Care Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 27 / 2011  
**Transaction ID : 19496841**  
 Amount of Each Receipt this Period 200.00

**B. Ms. Sally Hartman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Royal Musselburgh  
 City Williamsburg State VA Zip Code 23188-7421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverside Health System Occupation Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 27 / 2011  
**Transaction ID : 19496842**  
 Amount of Each Receipt this Period 350.00

**C. Mr. Richard J Pearce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 Chesapeake Avenue  
 City Newport News State VA Zip Code 23607-6038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverside Rehabilitation Institute Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 27 / 2011  
**Transaction ID : 19496847**  
 Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 73 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Keith Percic**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Larchwood Rd

City Yorktown State VA Zip Code 23692-4741

FEC ID number of contributing federal political committee. **C**

Name of Employer Riverside Health System Occupation Vice President of General Accounting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496848**

Amount of Each Receipt this Period  
 350.00

**B. Mr. Dennis Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Children's Lane

City Norfolk State VA Zip Code 23507-1971

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Hospital of The King's Daug Occupation Senior Vice President and Chief Financ

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496849**

Amount of Each Receipt this Period  
 350.00

**C. Ms. Barbara Stoltzfus**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 Cantrell Avenue

City Harrisonburg State VA Zip Code 22801-3248

FEC ID number of contributing federal political committee. **C**

Name of Employer Rockingham Memorial Hospital Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19496850**

Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 74 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Melvyn Patashnick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 528 Washington Highway  
 City Morrisville State VT Zip Code 05661-8973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Copley Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19496851**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr. Larry C. Bourne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 424 Autumn Oak Drive  
 City Madison State MS Zip Code 39110-9148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HPI Company Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19500973**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Sam W Cameron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Woodgreen Crossing  
 City Madison State MS Zip Code 39110-4522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mississippi Hospital Association Occupation President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 697.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19500979**  
 Amount of Each Receipt this Period  
 87.50

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 687.50 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 75 OF 178  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Shannon D. Coker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1909  
 116 Woodgreen Crossing  
 City Madison State MS Zip Code 39130-1909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mississippi Hospital Association Occupation Director of Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19500988**  
 Amount of Each Receipt this Period  
 24.00

**B. Mr. Charles L Denton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 960 Avent Drive  
 City Grenada State MS Zip Code 38901-5230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grenada Lake Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 647.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19500997**  
 Amount of Each Receipt this Period  
 147.50

**C. Mr. Evan Dillard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 16389  
 City Hattiesburg State MS Zip Code 39404-6389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Forrest General Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19501003**  
 Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 421.50 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 76 OF 178  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Michael R Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 259  
 City Morton State MS Zip Code 39117-0259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott Regional Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19501005**  
 Amount of Each Receipt this Period  
**210.00**

**B. Ms. Judith Forshee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Post Office Box 1909  
 City Madison State MS Zip Code 39130-1909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mississippi Hospital Association Occupation Director of Education  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19501013**  
 Amount of Each Receipt this Period  
**60.00**

**C. Mr. Eddie L. Foster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Woodgreen Crossing  
 City Madison State MS Zip Code 39110-4522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mississippi Hospital Association Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **345.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19501017**  
 Amount of Each Receipt this Period  
**46.50**

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>316.50</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 77 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Guy Geller**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 351

City Magnolia State MS Zip Code 39652-0351

FEC ID number of contributing federal political committee. **C**

Name of Employer Beacham Memorial Hospital Occupation Administrator and Chief Executive Offi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 372.50

Date of Receipt  
10 / 21 / 2011  
**Transaction ID : 19501025**

Amount of Each Receipt this Period  
135.00

**B. Mr. Lawrence Graeber**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 648

City Philadelphia State MS Zip Code 39350-0648

FEC ID number of contributing federal political committee. **C**

Name of Employer Neshoba County General Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt  
10 / 21 / 2011  
**Transaction ID : 19501029**

Amount of Each Receipt this Period  
180.00

**C. Mr. Claude W Harbarger**  
Full Name (Last, First, Middle Initial)

Mailing Address 969 Lakeland Drive

City Jackson State MS Zip Code 39216-4606

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Dominic-Jackson Memorial Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
10 / 21 / 2011  
**Transaction ID : 19501036**

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 78 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. G Douglas Higginbotham</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 21 / 2011<br><b>Transaction ID : 19501041</b> |
| Mailing Address P O Box 607   |                                    | Amount of Each Receipt this Period<br>135.00   |
| City<br>Laurel  | State<br>MS                        | Zip Code<br>39441-0607   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>South Central Regional Medical Center   | Occupation<br>Executive Director   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>635.00 |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Richard G Hilton</b>   |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 21 / 2011<br><b>Transaction ID : 19501043</b> |
| Mailing Address P O Box 1506  |  | Amount of Each Receipt this Period<br>205.00   |
| City<br>Starkville  | State<br>MS  | Zip Code<br>39760-1506   |
| FEC ID number of contributing federal political committee.<br>C   |  |  |
| Name of Employer<br>OCH Regional Medical Center   | Occupation<br>Associate Administrator and Chief Fina |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>455.00                   |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Fred B Hood FACHE</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 21 / 2011<br><b>Transaction ID : 19501049</b> |
| Mailing Address P O Box 790   |                                    | Amount of Each Receipt this Period<br>505.00   |
| City<br>Pontotoc  | State<br>MS                        | Zip Code<br>38863-0790   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>North Mississippi Medical Center-Ponto  | Occupation<br>Administrator        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>505.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 845.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 79 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Alvin Hoover FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 948

City Brookhaven State MS Zip Code 39602-0948

FEC ID number of contributing federal political committee. **C**

Name of Employer King's Daughters Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **419.78**

Date of Receipt **10 / 21 / 2011**

**Transaction ID : 19501051**

Amount of Each Receipt this Period **419.78**

**B. Mr. L Ray Humphreys**  
Full Name (Last, First, Middle Initial)

Mailing Address 2124 14th Street

City Meridian State MS Zip Code 39301-4040

FEC ID number of contributing federal political committee. **C**

Name of Employer Anderson Regional Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **292.50**

Date of Receipt **10 / 21 / 2011**

**Transaction ID : 19501057**

Amount of Each Receipt this Period **292.50**

**C. Mr. Donald H. Hutson**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 946

City Oxford State MS Zip Code 38655-6002

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Memorial Hospital-North Missis Occupation Administrator/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 21 / 2011**

**Transaction ID : 19501059**

Amount of Each Receipt this Period **125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **837.28**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 80 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Randy King**  
Full Name (Last, First, Middle Initial)

Mailing Address 7601 Southcrest Parkway

City Southhaven State MS Zip Code 38671-4739

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Memorial Hospital-Desoto Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 21 / 2011**

**Transaction ID : 19501069**

Amount of Each Receipt this Period **265.00**

**B. Ms. Shawn Rossi**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Woodgreen Crossing

City Madison State MS Zip Code 39110-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Hospital Association Occupation VP for Strategic Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **247.99**

Date of Receipt **10 / 21 / 2011**

**Transaction ID : 19501073**

Amount of Each Receipt this Period **68.36**

**C. Mr. Steve Lesley**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Woodgreen Crossing

City Madison State MS Zip Code 39130-1909

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Hospital Association Occupation Director of Data Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **242.70**

Date of Receipt **10 / 21 / 2011**

**Transaction ID : 19501077**

Amount of Each Receipt this Period **102.96**

**SUBTOTAL** of Receipts This Page (optional)..... **436.32**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 81 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Lee McCall**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1288

City Prentiss State MS Zip Code 39474-1288

FEC ID number of contributing federal political committee. **C**

Name of Employer Jefferson Davis Community Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 21 / 2011  
**Transaction ID : 19501090**

Amount of Each Receipt this Period 210.00

**B. Dr. Marcella McKay Ph.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 322 Helmsley Drive

City Brandon State MS Zip Code 39047-8159

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Hospital Association Occupation VP Nursing/CEO MHA Health, Research &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2011  
**Transaction ID : 19501094**

Amount of Each Receipt this Period 250.00

**C. Ms. Julie McNeese**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Woodgreen Crossing

City Madison State MS Zip Code 39110-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Hospital Association Occupation Vice President, MHA/DSI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt 10 / 21 / 2011  
**Transaction ID : 19501096**

Amount of Each Receipt this Period 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 544.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 82 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Mark D McPhail**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2124 14th Street  
 City Meridian State MS Zip Code 39301-4093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jeff Anderson Regional Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19501100**  
 Amount of Each Receipt this Period  
**225.00**

**B. Mr. Kurt W Metzner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1225 North State Street  
 City Jackson State MS Zip Code 39202-2064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mississippi Baptist Health System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **505.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19501102**  
 Amount of Each Receipt this Period  
**5.00**

**C. Mr. Rick Napper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Covewood Lane  
 City Corinth State MS Zip Code 38834-7200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Magnolia Regional Health Center Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **505.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19501109**  
 Amount of Each Receipt this Period  
**505.00**

**SUBTOTAL** of Receipts This Page (optional)..... **735.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 83 OF 178               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. William C Oliver</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 21 / 2011<br><b>Transaction ID : 19501114</b> |
| Mailing Address 6051 U S Highway 49   |                                     | Amount of Each Receipt this Period<br>812.50   |
| City<br>Hattiesburg   | State<br>MS                         | Zip Code<br>39401-7200   |
| FEC ID number of contributing federal political committee.<br>C   |                                     |  |
| Name of Employer<br>Forrest General Hospital  | Occupation<br>President             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1362.50 |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. David G Putt FACHE</b>   |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 21 / 2011<br><b>Transaction ID : 19501123</b> |
| Mailing Address 2500 North State Street   |                                       | Amount of Each Receipt this Period<br>280.00   |
| City<br>Jackson   | State<br>MS                           | Zip Code<br>39216-4500   |
| FEC ID number of contributing federal political committee.<br>C   |                                       |  |
| Name of Employer<br>University Hospitals and Health System  | Occupation<br>Chief Executive Officer |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00    |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. W Dale Saulters</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 21 / 2011<br><b>Transaction ID : 19501129</b> |
| Mailing Address P O Box 967   |                                    | Amount of Each Receipt this Period<br>137.50   |
| City<br>Louisville  | State<br>MS                        | Zip Code<br>39339-0967   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Winston Medical Center  | Occupation<br>Administrator        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>237.50 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1230.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. G Edward Tucker Jr**

Mailing Address P O Box 16389

City State Zip Code  
Hattiesburg MS 39404-6389

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Forrest General Hospital Vice President Corporate Services

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **565.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 21 / 2011**

**Transaction ID : 19501144**

Amount of Each Receipt this Period  
 **500.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Gerald D Wages**

Mailing Address 830 South Gloster Street

City State Zip Code  
Tupelo MS 38801-4934

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Mississippi Medical Center-Eupor Executive Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **1030.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 21 / 2011**

**Transaction ID : 19501150**

Amount of Each Receipt this Period  
 **5.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Len Bryant**

Mailing Address 5016 Greystone Way

City State Zip Code  
Birmingham AL 35242-6427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Oak Regional Medical Center President

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 21 / 2011**

**Transaction ID : 19501188**

Amount of Each Receipt this Period  
 **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶  **1005.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Steve Dickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1909  
 City State Zip Code  
 Madison MS 39130-1909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mississippi Hospital Association President/CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19501197**  
 Amount of Each Receipt this Period  
 750.00

**B. Mr. M Kenneth Posey FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 527  
 City State Zip Code  
 Bay Springs MS 39422-0527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jasper General Hospital Administrator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19501302**  
 Amount of Each Receipt this Period  
 415.00

**C. Mr. John R Broberg FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 Parkshire Cir  
 City State Zip Code  
 Manhattan KS 66503-2475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mercy Regional Health Center President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : 19503060**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1415.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 86 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dennis L George**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 189

City Burlington State KS Zip Code 66839-0189

FEC ID number of contributing federal political committee. **C**

Name of Employer Coffey County Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : 19503074**

Amount of Each Receipt this Period 250.00

**B. Mr. Maynard F Oliverius**  
Full Name (Last, First, Middle Initial)

Mailing Address 1504 SW Eighth Avenue

City Topeka State KS Zip Code 66606-1632

FEC ID number of contributing federal political committee. **C**

Name of Employer Kansas Rehabilitation Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : 19503101**

Amount of Each Receipt this Period 1000.00

**C. Mr. Earl A Schulte MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3901 Jupiter Hills Drive

City Hutchinson State KS Zip Code 67502-8096

FEC ID number of contributing federal political committee. **C**

Name of Employer Hutchinson Regional Medical Center Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : 19503107**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Jenice Schulte RN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3901 Jupiter Hills Dr.  
 City Hutchinson State KS Zip Code 67502-8096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hutchinson Regional Medical Center Occupation OR Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : 19503108**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Steven D Wilkinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5721 West 119th Street  
 City Overland Park State KS Zip Code 66209-3722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Menorah Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : 19503118**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Kimberly A. Keiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2237 Bryden Road  
 City Bexley State OH Zip Code 43209-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Hospital Association Occupation Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19503131**  
 Amount of Each Receipt this Period  
 750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 88 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Joseph R. Ruggles**  
Full Name (Last, First, Middle Initial)

Mailing Address 1780 Buck Creek Lane

City Springfield State OH Zip Code 45502-8800

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Hospital Association Occupation Vice President, Member Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2011  
**Transaction ID : 19503132**

Amount of Each Receipt this Period 500.00

**B. Mr. Richard Kammerer**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Forest Hill Dr

City Cincinnati State OH Zip Code 45208-1910

FEC ID number of contributing federal political committee. **C**

Name of Employer Christ Hospital Occupation Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2011  
**Transaction ID : 19503133**

Amount of Each Receipt this Period 500.00

**C. Mr. Allen Golson**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 Hospital Drive

City Macon State GA Zip Code 31217-3838

FEC ID number of contributing federal political committee. **C**

Name of Employer Coliseum Medical Centers Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2011  
**Transaction ID : 19503146**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 89 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Don F. Paulson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13425 Longspur Ct.  
City Valley View State OH Zip Code 44125-5449  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University Hospital Occupation Vice President, Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 27 / 2011  
**Transaction ID : 19503155**  
Amount of Each Receipt this Period 250.00

**B. Mr. Philip R Wolfe**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 348  
City Lawrenceville State GA Zip Code 30046-0348  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gwinnett Hospital System Occupation President and Chief Executive Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 10 / 2011  
**Transaction ID : 19503169**  
Amount of Each Receipt this Period 250.00

**C. Mr. Gary W Pulsipher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2727 McClelland Boulevard  
City Joplin State MO Zip Code 64804-1626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. John's Regional Medical Center Occupation President and Chief Executive Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19503178**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 90 OF 178               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. R Timothy Stack FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Howell Mill Road NW, Suite 85

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Atlanta | GA    | 30318-2538 |

FEC ID number of contributing federal political committee. **C**

|                     |                                       |
|---------------------|---------------------------------------|
| Name of Employer    | Occupation                            |
| Piedmont Healthcare | President and Chief Executive Officer |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1187.50

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 10    | / | 2011        |

**Transaction ID : 19503187**

Amount of Each Receipt this Period  
187.50

**B. Mr. G Michael Bass**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 997

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Newnan | GA    | 30264-0997 |

FEC ID number of contributing federal political committee. **C**

|                          |                                       |
|--------------------------|---------------------------------------|
| Name of Employer         | Occupation                            |
| Piedmont Newnan Hospital | President and Chief Executive Officer |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 10    | / | 2011        |

**Transaction ID : 19503209**

Amount of Each Receipt this Period  
375.00

**C. Mr. John D Harryman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4001 Dutchmans Lane

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Louisville | KY    | 40207-4799 |

FEC ID number of contributing federal political committee. **C**

|                          |            |
|--------------------------|------------|
| Name of Employer         | Occupation |
| Norton Suburban Hospital | President  |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2011        |

**Transaction ID : 19503297**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 812.50 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 91 OF 178               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Bill Kindred**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Old Glasgow Road

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Edmonton | KY    | 42129-9050 |

FEC ID number of contributing federal political committee. **C**

|                                 |                         |
|---------------------------------|-------------------------|
| Name of Employer                | Occupation              |
| T. J. Samson Community Hospital | Chief Executive Officer |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2011        |

**Transaction ID : 19503316**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

**B. Mr. Russ Ranallo**  
Full Name (Last, First, Middle Initial)

Mailing Address 811 East Parrish Avenue

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Owensboro | KY    | 42303-3268 |

FEC ID number of contributing federal political committee. **C**

|                                 |                                    |
|---------------------------------|------------------------------------|
| Name of Employer                | Occupation                         |
| Owensboro Medical Health System | Vice President, Financial Services |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2011        |

**Transaction ID : 19503323**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

**C. Mr. Charles D. Black Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1310

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Mount Vernon | KY    | 40456-1310 |

FEC ID number of contributing federal political committee. **C**

|  |                         |
|--|-------------------------|
| Name of Employer                       | Occupation              |
| Rockcastle Hospital and Respiratory Ca | Chief Financial Officer |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2011        |

**Transaction ID : 19503324**

Amount of Each Receipt this Period  

|        |
|--------|
| 500.00 |
|--------|

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Stephen A. Estes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 1310  
 City State Zip Code  
 Mount Vernon KY 40456-1310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rockcastle Hospital and Respiratory Ca Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : 19503325**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Stephen M. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 20007  
 City State Zip Code  
 Owensboro KY 42304-0007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Owensboro Medical Health System Dir. Government & Community Relations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : 19503327**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Carl G Herde**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4007 Kresge Way  
 City State Zip Code  
 Louisville KY 40207-4677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baptist Healthcare System Vice President and Chief Financial Off  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : 19503339**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 93 OF 178  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Tommy J Smith**

Mailing Address 4007 Kresge Way

City Louisville State KY Zip Code 40207-4677

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Healthcare System Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2011

**Transaction ID : 19503340**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. James H Taylor FACHE**

Mailing Address 530 South Jackson Street

City Louisville State KY Zip Code 40202-1675

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Louisville Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2011

**Transaction ID : 19503348**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Kevin S. Wardell**

Mailing Address P O Box 35070

City Louisville State KY Zip Code 40232-5070

FEC ID number of contributing federal political committee. **C**

Name of Employer Norton Hospital Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2011

**Transaction ID : 19503352**

Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Winford Howard**

Mailing Address 378 Sierra Lodge Drive

City Grants Pass State OR Zip Code 97527-9087

FEC ID number of contributing federal political committee. **C**

Name of Employer Three Rivers Community Hospital and He Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19503357**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. David Kinyon**

Mailing Address 1110 NW Hillside Dr

City Grants Pass State OR Zip Code 97526-1175

FEC ID number of contributing federal political committee. **C**

Name of Employer Asante Health System Occupation Output Svcs Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19503358**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert Thompson**

Mailing Address 210 Bellerive Drive

City Eagle Point State OR Zip Code 97524-9733

FEC ID number of contributing federal political committee. **C**

Name of Employer Asante Health System Occupation Chief Quality Medical Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19503359**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 95 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Carl David Brown Jr.**

Mailing Address PO Box 668

City State Zip Code  
Prestonsburg KY 41653-0668

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Highlands Regional Medical Center Systems Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : 19503363**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Suzie Q. McDaniel M.Ed., SPH**

Mailing Address 740 S 12th St

City State Zip Code  
Coos Bay OR 97420-1332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bay Area Hospital Director, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19503371**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Jay Henry**

Mailing Address 2500 NE Neff Road

City State Zip Code  
Bend OR 97701-6015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Charles Medical Center - Bend Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19503398**

Amount of Each Receipt this Period  
500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 96 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Karen Shepard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2500 NE Neff Road

|      |       |            |
|------|-------|------------|
| City | State | Zip Code   |
| Bend | OR    | 97701-6015 |

FEC ID number of contributing federal political committee. **C**

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Name of Employer                | Occupation                          |
| St. Charles Health System, Inc. | Senior Vice President Finance & CFO |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2011        |

**Transaction ID : 19503403**

Amount of Each Receipt this Period  
500.00

**B. Mr. Dennis E Burke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 610 NW 11th Street

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Hermiston | OR    | 97838-6601 |

FEC ID number of contributing federal political committee. **C**

|                                 |                                       |
|---------------------------------|---------------------------------------|
| Name of Employer                | Occupation                            |
| Good Shepherd Healthcare System | President and Chief Executive Officer |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2011        |

**Transaction ID : 19503405**

Amount of Each Receipt this Period  
250.00

**C. Mr Mark M. Enger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 NW 12 Ave

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | OR    | 97209-4143 |

FEC ID number of contributing federal political committee. **C**

|                   |  |
|-------------------|--|
| Name of Employer  | Occupation                             |
| Kaiser Permanente | VP/COO, Care Delivery Operations Kaise |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2011        |

**Transaction ID : 19503409**

Amount of Each Receipt this Period  
250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 97 OF 178               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms Sue Hennessy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19656 Wildwood Dr  
 City West Linn State OR Zip Code 97068-2210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation Vice President, Health Plan Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19503411**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Rico Cayetano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11416 SE Cedar Way  
 City Happy Valley State OR Zip Code 97086-7112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Legacy Health System Occupation VP Imaging & OP Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19503418**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Wayne Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7555 SW Afton Lane  
 City Tigard State OR Zip Code 97224-7680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Legacy Health System Occupation VP, Community Relations & Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19503420**  
 Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 98 OF 178               |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Kelly C Morgan**  
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Stewart Parkway

City Roseburg State OR Zip Code 97471-1281

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Medical Center Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 28 / 2011  
Transaction ID : 19503439

Amount of Each Receipt this Period  
250.00

**B. Mr. Duane Francis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 East 19th Street

City The Dalles State OR Zip Code 97058-3317

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid-Columbia Medical Center Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 28 / 2011  
Transaction ID : 19503440

Amount of Each Receipt this Period  
250.00

**C. Ms. Peggy Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 18839 Roundtree

City Oregon City State OR Zip Code 97045-3920

FEC ID number of contributing federal political committee. **C**

Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 28 / 2011  
Transaction ID : 19503934

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Andrew S Davidson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Kruse Way Place, Suite 2-100  
 City State Zip Code  
 Lake Oswego OR 97035-2543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oregon Association of Hospitals and He President & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19503935**  
 Amount of Each Receipt this Period  
 333.36

**B. Mr. Kevin Earls**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 671 Kingwood Drive NW  
 City State Zip Code  
 Salem OR 97304-3656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oregon Association of Hospitals & Heal Vice President of Policy and Advocacy  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19503936**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Andrea Easton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 258 Evergreen Road #4  
 City State Zip Code  
 Lake Oswego OR 97034-3145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oregon Association of Hospitals & Heal Director of Advocacy  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19503937**  
 Amount of Each Receipt this Period  
 166.69

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.05  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 100 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Linda Lang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Kruse Way Place #2-100

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Lake Oswego | State<br>OR | Zip Code<br>97035-2543 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |  |
|--|--|
| Name of Employer<br>Oregon Association of Hospitals & Heal | Occupation<br>Director of Member Relations |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 28    | / | 2011        |

**Transaction ID : 19503938**

Amount of Each Receipt this Period  
320.00

**B. Ms. Ellen Lowe**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 SW King Avenue #912

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Portland | State<br>OR | Zip Code<br>97205-1313 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                  |
|--|----------------------------------|
| Name of Employer<br>Oregon Association of Hospitals & Heal | Occupation<br>Community Advocate |
|--|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 28    | / | 2011        |

**Transaction ID : 19504806**

Amount of Each Receipt this Period  
250.00

**C. Ms. Robin Moody**  
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Kruse Way Place  
Building 2, Suite 100

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Lake Oswego | State<br>OR | Zip Code<br>97035-5545 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |   |
|--|---|
| Name of Employer<br>Oregon Association of Hospitals & Heal | Occupation<br>Director of Public Policy |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 28    | / | 2011        |

**Transaction ID : 19504807**

Amount of Each Receipt this Period  
500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1070.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 102 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Alan R Yordy**

Mailing Address 14432 SE Eastgate Way, Ste 300

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Bellevue | State<br>WA | Zip Code<br>98007-6493 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                 |   |
|---------------------------------|---|
| Name of Employer<br>PeaceHealth | Occupation<br>President and Chief Mission Officer |
|---------------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 28    | / | 2011        |

**Transaction ID : 19505160**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. David T Underiner**

Mailing Address 2690 Surrey Lane

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>West Linn | State<br>OR | Zip Code<br>97068-2268 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                     |
|---|-------------------------------------|
| Name of Employer<br>Providence Milwaukie Hospital | Occupation<br>Interim Administrator |
|---|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 28    | / | 2011        |

**Transaction ID : 19505185**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Norman F Gruber**

Mailing Address 665 Winter SE

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Salem | State<br>OR | Zip Code<br>97301-3919 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                  |   |
|----------------------------------|---|
| Name of Employer<br>Salem Health | Occupation<br>President and Chief Executive Officer |
|----------------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 28    | / | 2011        |

**Transaction ID : 19505186**

Amount of Each Receipt this Period  
250.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Richard M Cagen**

Mailing Address 342 Fairview Street

City State Zip Code  
Silverton OR 97381-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Silverton Hospital Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 28 / 2011  
**Transaction ID : 19505190**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Paul R Stewart**

Mailing Address 2865 Daggett Avenue

City State Zip Code  
Klamath Falls OR 97601-1106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sky Lakes Medical Center President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 28 / 2011  
**Transaction ID : 19505191**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. James A Wathen**

Mailing Address 900 11th Street SE

City State Zip Code  
Bandon OR 97411-9114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southern Coos Hospital and Health Cent Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 28 / 2011  
**Transaction ID : 19505192**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Rashid Baddoura MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Heights Road  
 City State Zip Code  
 Ridgewood NJ 07450-2412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Valley Health System Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505224**  
 Amount of Each Receipt this Period  
 125.00

**B. Mr. Kenneth Bateman CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Avalon Court  
 City State Zip Code  
 Flemington NJ 08822-3383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Somerset Medical Center President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505229**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Thomas A Biga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Highand Avenue  
 City State Zip Code  
 Fair Haven NJ 07704-3620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Barnabas Health Executive Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505232**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 105 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms. Hoda Blau</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 28 / 2011<br><b>Transaction ID : 19505234</b> |
| Mailing Address 401 Long Hill Drive   |                                     | Amount of Each Receipt this Period<br>262.50   |
| City<br>Short Hills   | State<br>NJ                         | Zip Code<br>07078-1205   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Barnabas Health | Occupation<br>Executive Director   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>262.50  |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Nathan Bosk</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 28 / 2011<br><b>Transaction ID : 19505235</b> |
| Mailing Address 8 Averstone Road  |                                    | Amount of Each Receipt this Period<br>100.00   |
| City<br>Holland   | State<br>PA                        | Zip Code<br>18966-2676   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Capital Health | Occupation<br>Executive Director   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dr. John A Brennan MD</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 28 / 2011<br><b>Transaction ID : 19505237</b> |
| Mailing Address 201 Lyons Avenue  |   | Amount of Each Receipt this Period<br>250.00   |
| City<br>Newark  | State<br>NJ   | Zip Code<br>07112-2027   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Newark Beth Israel Medical Center | Occupation<br>Executive Director   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>750.00                    |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 612.50 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 106 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Patricia Carroll**  
Full Name (Last, First, Middle Initial)

Mailing Address 334 Park Avenue

City Rutherford State NJ Zip Code 07070-2722

FEC ID number of contributing federal political committee. **C**

Name of Employer Saint Peter's University Hospital Occupation Senior Vice President and Chief Operat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505244**

Amount of Each Receipt this Period 87.50

**B. Mr. Anthony J Cimino**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Terry Court

City Hamilton State NJ Zip Code 08620-9796

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert Wood Johnson University Hospita Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505248**

Amount of Each Receipt this Period 375.00

**C. Mr. J. Scott Clemmensen**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Chilton Road

City Langhorne State PA Zip Code 19047-8115

FEC ID number of contributing federal political committee. **C**

Name of Employer Capital Health Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505251**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 562.50

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 107 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Jason C Coe**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Scotts Mountain Road

City Stewartville State NJ Zip Code 08886-3016

FEC ID number of contributing federal political committee. **C**

Name of Employer Hackettstown Regional Medical Center Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505253**

Amount of Each Receipt this Period 87.50

**B. Mr. Joseph P Coyle**  
Full Name (Last, First, Middle Initial)

Mailing Address 1140 Route 72 West

City Manahawkin State NJ Zip Code 08050-2412

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Ocean Medical Center Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505260**

Amount of Each Receipt this Period 250.00

**C. Mr. Gregory D'Adamo**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Brookwood Road

City Mount Laurel State NJ Zip Code 08054-4714

FEC ID number of contributing federal political committee. **C**

Name of Employer Capital Health Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505262**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 437.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Larry Di Santo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46 Oakmont Road  
 City Lakewood State NJ Zip Code 08701-5764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Health Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505269**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Peter Diestel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 279 Brookside Avenue  
 City Allendale State NJ Zip Code 07401-1848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Valley Hospital Occupation Senior Vice President and Chief Operat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505270**  
 Amount of Each Receipt this Period  
 125.00

**C. Ms. Linda Dite**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1236 Madison Drive  
 City Yardley State PA Zip Code 19067-4323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Health Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505272**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. John Doll**

Mailing Address 213 Burns Way

City Fanwood State NJ Zip Code 07023-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer Barnabas Health Occupation Vice President of Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505274**

Amount of Each Receipt this Period  
**87.50**

Full Name (Last, First, Middle Initial)  
**B. Dr. Dennis J Dooley MD**

Mailing Address 63 Dogwood Lane

City Newtown State PA Zip Code 18940-9653

FEC ID number of contributing federal political committee. **C**

Name of Employer Capital Health Occupation Vice President Planning and Developmen

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505276**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Douglas A Duchak**

Mailing Address 350 Engle Street

City Englewood State NJ Zip Code 07631-1808

FEC ID number of contributing federal political committee. **C**

Name of Employer Englewood Hospital and Medical Center Occupation President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505277**

Amount of Each Receipt this Period  
**125.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **312.50**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Theresa L. Edelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Harvest Lane  
 City Livingston State NJ Zip Code 07039-2750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505279**  
 Amount of Each Receipt this Period 105.00

**B. Mr. Shane F. Fleming**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1308 Jankowski Court  
 City South Plainfield State NJ Zip Code 07080-2450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Health Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505288**  
 Amount of Each Receipt this Period 100.00

**C. Mr. Matthew Fulton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 Oak Ridge Avenue  
 City Summit State NJ Zip Code 07901-4308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barnabas Health Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505295**  
 Amount of Each Receipt this Period 87.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 292.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Jan Gabin**

Mailing Address 511 Liberty Drive

City State Zip Code  
Yardley PA 19067-4510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Capital Health General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505296**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Mr Eugene Grochala**

Mailing Address 3 Barto Way

City State Zip Code  
Robbinsville NJ 08691-2421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Capital Health Vice President Information Systems

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505310**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Ronald J. Guy**

Mailing Address 104 Route 545

City State Zip Code  
Chesterfield NJ 08515-1727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Capital Health Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505312**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Lori Herndon**

Mailing Address 902 North Shore Drive

City State Zip Code  
Brigantine NJ 08203-2718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AtlantiCare Regional Medical Center President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505318**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Fred L Hipp Jr.**

Mailing Address 1011 Deacon Road

City State Zip Code  
Hainesport NJ 08036-3610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Virtua Health Vice President Government Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505320**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Leslie D Hirsch FACHE**

Mailing Address 25 Pocono Road

City State Zip Code  
Denville NJ 07834-2954

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Saint Clare's Health System President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505321**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 113 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms. Aline M. Holmes</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 28 / 2011 |
| Mailing Address 19 Ashford Drive  |  | <b>Transaction ID : 19505324</b>                             |
| City<br>Plainsboro  | State<br>NJ                                  | Zip Code<br>08536-3632                                       |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>500.00 |  |
| Name of Employer<br>New Jersey Hospital Association   | Occupation<br>Senior VP, Clinical Affairs    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1500.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Sean J. Hopkins</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 28 / 2011 |
| Mailing Address 6180 Lower Mountain Road  |  | <b>Transaction ID : 19505325</b>                             |
| City<br>New Hope  | State<br>PA                                  | Zip Code<br>18938-5760                                       |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>146.87 |  |
| Name of Employer<br>New Jersey Hospital Association   | Occupation<br>Sr. VP., Health Economics      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>486.48           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Gary S Horan FACHE</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 28 / 2011 |
| Mailing Address 1206 Hemlock Avenue   |   | <b>Transaction ID : 19505327</b>                             |
| City<br>Sea Girt  | State<br>NJ   | Zip Code<br>08750-1720                                       |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00        |  |
| Name of Employer<br>Trinitas Regional Medical Center  | Occupation<br>President and Chief Executive Officer |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>750.00                  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 896.87 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. E. Joseph Hummel Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 West South 31st Street  
 City State Zip Code  
 Long Beach Township NJ 08008-2680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Meridian Health Vice President/CSO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 262.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505331**  
 Amount of Each Receipt this Period  
 87.50

**B. Dr. Adam Jarrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1064 Westwood Avenue  
 City State Zip Code  
 Old Tappan NJ 07675-7211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Holy Name Medical Center CMO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505335**  
 Amount of Each Receipt this Period  
 125.00

**C. Mr. Stephen K Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Robert Wood Johnson Place  
 City State Zip Code  
 New Brunswick NJ 08901-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Robert Wood Johnson Health System & Ne President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505337**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 712.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 115 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Daniel A Kane**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Palisades Avenue

City State Zip Code  
Cresskill NJ 07626-2118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bayonne Medical Center President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
10 / 28 / 2011  
**Transaction ID : 19505339**

Amount of Each Receipt this Period  
125.00

**B. Mr. Richard J Kathrins MHA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1442 Saurigvon Drive

City State Zip Code  
Toms River NJ 08753

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bacharach Institute for Rehabilitation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
10 / 28 / 2011  
**Transaction ID : 19505341**

Amount of Each Receipt this Period  
250.00

**C. Mr. Joseph M Lemaire**  
Full Name (Last, First, Middle Initial)

Mailing Address 280 Autumn Terrace

City State Zip Code  
Franklin Lakes NJ 07417-2716

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Holy Name Medical Center Executive Vice President and Chief Fin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
10 / 28 / 2011  
**Transaction ID : 19505359**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 116 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Steven G Littleton FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Fairhaven Road  
 City State Zip Code  
 Fair Haven NJ 07704-3305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jersey Shore University Medical Center President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505360**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. John K Lloyd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1350 Campus Parkway  
 City State Zip Code  
 Wall Township NJ 07753-6821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Meridian Health President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505361**  
 Amount of Each Receipt this Period  
 500.00

**c. Dr. Al Maghazehe PhD, FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 314 Stoney Ford Road  
 City State Zip Code  
 Holland PA 18966-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capital Health Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1828.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505364**  
 Amount of Each Receipt this Period  
 609.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1609.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 117 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Amy B Mansue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Somerset Street  
 City New Brunswick State NJ Zip Code 08901-1942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Specialized Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505365**  
 Amount of Each Receipt this Period 500.00

**B. Mr. Michael Maron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 718 Teaneck Road  
 City Teaneck State NJ Zip Code 07666-4245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Holy Name Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505367**  
 Amount of Each Receipt this Period 500.00

**C. Mr. William A McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 Main Street  
 City Paterson State NJ Zip Code 07503-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph's Healthcare System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505370**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1250.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 118 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David Mebane**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 Forest Avenue

City Westfield State NJ Zip Code 07090-4323

FEC ID number of contributing federal political committee. **C**

Name of Employer Barnabas Health Occupation Vice President Legal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011

**Transaction ID : 19505374**

Amount of Each Receipt this Period  
 75.00

**B. Ms. Audrey Meyers**  
Full Name (Last, First, Middle Initial)

Mailing Address 223 North Van Dien Avenue

City Ridgewood State NJ Zip Code 07450-2726

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011

**Transaction ID : 19505376**

Amount of Each Receipt this Period  
 500.00

**C. Mr. Stephen Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 1939 Maplewood Avenue

City Abington State PA Zip Code 19001-1107

FEC ID number of contributing federal political committee. **C**

Name of Employer Capital Health Occupation CCO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011

**Transaction ID : 19505381**

Amount of Each Receipt this Period  
 100.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 675.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 119 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Patricia Ostaszewski MS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 Bay Way  
 City State Zip Code  
 Brick NJ 08723-7361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HEALTHSOUTH Rehabilitation Hospital of Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505394**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Ronald Rak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Federal City Road  
 City State Zip Code  
 Ewing NJ 08638-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Saint Peter's University Hospital President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505404**  
 Amount of Each Receipt this Period  
 375.00

**C. Dr Joseph Reichman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 Barton Avenue  
 City State Zip Code  
 Voorhees NJ 08043-4699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Meridian Health Chief Management Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505406**  
 Amount of Each Receipt this Period  
 87.50

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 712.50 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Robert Remstein DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brunswick Avenue  
 City State Zip Code  
 Trenton NJ 08638-4143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capital Health Vice President Medical Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505407**  
 Amount of Each Receipt this Period  
 100.00

**B. Sidney D. Seligman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 Wyoming Ave  
 Apt 2D  
 City State Zip Code  
 South Orange NJ 07079-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Barnabas Health SVP Human Resources  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505425**  
 Amount of Each Receipt this Period  
 75.00

**C. Mr. Thomas J Senker FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 High Street  
 City State Zip Code  
 Newton NJ 07860-1004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Newton Medical Center President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505426**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 121 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John P Sheridan Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 49 Meadow Run Drive

City State Zip Code  
Skillman NJ 08558-1711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cooper Health System President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505428**

Amount of Each Receipt this Period  
125.00

**B. Mr. Michael J. Sniffen**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 Murray Hill Square

City State Zip Code  
New Providence NJ 07974-1531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Mary's Hospital President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505431**

Amount of Each Receipt this Period  
250.00

**C. Mr. David P Tilton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2500 English Creek Avenue, Buildin

City State Zip Code  
Egg Harbor Township NJ 08234-5549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AtlantiCare President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505440**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 625.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Dr. Joseph A Trunfio PhD**

Mailing Address 10 Eagle Rock Drive

City State Zip Code  
Boonton Township NJ 07005-9520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Atlantic Health President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505441**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Rachel Weiss**

Mailing Address 1500 Bay Plaza

City State Zip Code  
Wall Township NJ 07719-3907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meridian Health Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505449**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert P Wise FACHE**

Mailing Address 2100 Wescott Drive

City State Zip Code  
Flemington NJ 08822-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hunterdon Medical Center President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505452**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Joseph Yallowitz MD**

Mailing Address 18 Skyline Drive

City State Zip Code  
Upper Saddle River NJ 07458-2028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Valley Hospital Medical Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505454**

Amount of Each Receipt this Period  
87.50

Full Name (Last, First, Middle Initial)  
**B. Ms. Deborah Zastocki DNP, RN, N**

Mailing Address 97 West Parkway

City State Zip Code  
Pompton Plains NJ 07444-1647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chilton Memorial Hospital President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : 19505459**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**c. Mr. David S Spillers**

Mailing Address 101 Sivley Road

City State Zip Code  
Huntsville AL 35801-4421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Huntsville Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19505461**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 837.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 124 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. George Thompson III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1916 S. Hull Street  
 City Montgomery State AL Zip Code 36104-5625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jackson Hospital and Clinic Occupation Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19505462**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Michael Waldrum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 19th Street South  
 City Birmingham State AL Zip Code 35249-1900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Alabama Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19505463**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Reid F Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7634 Cottonridge Rd  
 City Trussville State AL Zip Code 35173-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAB Health System Occupation Executive -VP UAHSF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19505464**  
 Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 125 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr I. William Ferniany Ph.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21st Floor Penn Tower  
 399 South 34th Street  
 City Philadelphia State PA Zip Code 19104-4385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pennsylvania Hospital Occupation Sr. VP, Professional Svcs & Managed Ca  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 25 / 2011**  
**Transaction ID : 19505465**  
 Amount of Each Receipt this Period **1000.00**

**B. Ms. Theresa L. Edelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Harvest Lane  
 City Livingston State NJ Zip Code 07039-2750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt **10 / 21 / 2011**  
**Transaction ID : 19505486**  
 Amount of Each Receipt this Period **20.00**

**C. Ms. Lori Herndon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 902 North Shore Drive  
 City Brigantine State NJ Zip Code 08203-2718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AtlantiCare Regional Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 21 / 2011**  
**Transaction ID : 19505496**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1270.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 126 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Sean J. Hopkins</b>  |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 21 / 2011<br><b>Transaction ID : 19505498</b> |
| Mailing Address 6180 Lower Mountain Road  |   | Amount of Each Receipt this Period<br>30.42  |
| City<br>New Hope  | State<br>PA                             | Zip Code<br>18938-5760   |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>New Jersey Hospital Association   | Occupation<br>Sr. VP., Health Economics |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>339.61      |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Trish Hannon FACHE</b>   |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 28 / 2011<br><b>Transaction ID : 19505531</b> |
| Mailing Address 125 Parker Hill Avenue  |   | Amount of Each Receipt this Period<br>375.00   |
| City<br>Roxbury Crossing  | State<br>MA   | Zip Code<br>02120-2847   |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>New England Baptist Hospital  | Occupation<br>President and Chief Executive Officer |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>375.00                  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Joseph Maher</b>   |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 28 / 2011<br><b>Transaction ID : 19505532</b> |
| Mailing Address 10 Whittemore Street  |   | Amount of Each Receipt this Period<br>262.50   |
| City<br>West Roxbury  | State<br>MA                                 | Zip Code<br>02132-2504   |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Steward Health Care System, LLC   | Occupation<br>Executive VP, General Counsel |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>262.50          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 667.92 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David L Gray FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Kresge Way  
 City Louisville State KY Zip Code 40207-4605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Hospital East Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2011  
**Transaction ID : 19505557**  
 Amount of Each Receipt this Period 500.00

**B. Mr. Ronald J. Farr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Abraham Flexner Way  
 City Louisville State KY Zip Code 40202-2877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jewish Hospital & St. Mary's HealthCar Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2011  
**Transaction ID : 19505560**  
 Amount of Each Receipt this Period 300.00

**C. Mr. Bruce A. Klockars**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7  
 City Mount Sterling State KY Zip Code 40353-0007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Joseph Mount Sterling Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2011  
**Transaction ID : 19505565**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 128 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Michael Karpf MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Rose Street  
 City Lexington State KY Zip Code 40536-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UK HealthCare Occupation Executive Vice President Health Affair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 17 / 2011  
**Transaction ID : 19505569**  
 Amount of Each Receipt this Period 350.00

**B. Dr. Webster B. Trammell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Second Avenue  
 City Long Branch State NJ Zip Code 07740-6303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Monmouth Medical Center Occupation Chair of the Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19505761**  
 Amount of Each Receipt this Period 87.50

**C. Ms. Marlene Weatherwax**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 S. Five Points Road  
 City Indianapolis State IN Zip Code 46259-9754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbus Regional Hospital Occupation Vice President & Chief Financial Offic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2011  
**Transaction ID : 19506994**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 687.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 129 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Danny L Boggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1025 Center Street  
 City Ashland State OH Zip Code 44805-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Samaritan Regional Health System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2011  
**Transaction ID : 19589400**  
 Amount of Each Receipt this Period 250.00

**B. Ms. Melinda Reid Hatton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1045726225588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Mr. David Schulke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation VP Research Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1057462125588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 410.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 130 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Sarah Berk**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1082532725588**

Amount of Each Receipt this Period  
28.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Barbara Jelen**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1113464225588**

Amount of Each Receipt this Period  
28.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. Ms. Lisa Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Chief Human Resour

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1118928225588**

Amount of Each Receipt this Period  
28.00

P/R Deduction (\$14.00 Bi-Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 84.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 131 OF 178   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Mary Meadows**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Director of Professional Practice, AON  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1260472925588**  
 Amount of Each Receipt this Period **28.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Elizabeth Baskett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 City Washington State DC Zip Code 20004-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Policy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1332167425588**  
 Amount of Each Receipt this Period **28.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. Mr. James Wadzinski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President Account Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1347703425588**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>96.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |              |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 132 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Jack A. Mackay**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President & CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1347703625588**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. Ms. Susan Gergely**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Director of Operations, AONE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1347791025588**

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

**C. Ms. Heather Drevna**  
Full Name (Last, First, Middle Initial)

Mailing Address 3205 Ravensworth PL

City Alexandria State VA Zip Code 22302-2107

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Member Communica

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.50**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1348169725588**

Amount of Each Receipt this Period **31.80**

P/R Deduction (\$15.90 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **99.80**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 133 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Sharon Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 155 North Wacker Drive  
City Chicago State IL Zip Code 60606-1709  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Membership and Marketing Manager ASHHR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 280.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1474886225588**  
Amount of Each Receipt this Period 280.00  
P/R Deduction (\$14.00 Bi-Weekly)

**B. Mr. Mark Colucci**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1061 N Penny Ln  
City Palatine State IL Zip Code 60067-1821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 420.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1475133725588**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C. Ms. Stephanie H. Drake**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Associate Executive Director - ASHHRA  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 795.85

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1492459925588**  
Amount of Each Receipt this Period 81.66  
P/R Deduction (\$40.83 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 149.66  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 134 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Monica D Day**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10224 Prince Place #205

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Largo | State<br>MD | Zip Code<br>20774-1210 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |   |
|--|---|
| Name of Employer<br>American Hospital Association-Washingt | Occupation<br>Political Affairs Coordinator |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1516850625588**

Amount of Each Receipt this Period  
28.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Elisa Arespachaga**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60606-3436 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |  |
|---|--|
| Name of Employer<br>American Hospital Association-Chicago | Occupation<br>Associate Director, Constituency Secti |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1555656225588**

Amount of Each Receipt this Period  
28.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. Mr. Clinton S. Manning**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Seventh Street, NW  
Suite 700

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20004-2802 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |  |
|--|--|
| Name of Employer<br>American Hospital Association-Washingt | Occupation<br>Asst. Director Advocacy & Member Commu |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1555656525588**

Amount of Each Receipt this Period  
28.00

P/R Deduction (\$14.00 Bi-Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 84.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 135 OF 178   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Kathy Poole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1589439925588**  
 Amount of Each Receipt this Period **28.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Kimberly Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Director Travel Meeting Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **280.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1590809125588**  
 Amount of Each Receipt this Period **28.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. Mr. Robert Kehoe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Associate Publisher Vertical Magazines  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1625368325588**  
 Amount of Each Receipt this Period **28.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>84.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |              |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Stephen Hines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 North Wacker Drive  
 City Chicago State IL Zip Code 60606-1709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation VP, Research HRET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1648726625588**  
 Amount of Each Receipt this Period 280.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Lisa Grabert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1671258625588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Mr Robert P. David**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1677512425588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 188.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |   |  |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 137 OF 178   |   |  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 | <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 | <input type="checkbox"/> 12<br><input type="checkbox"/> 16 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Erik Rasmussen</b>   |   | Date of Receipt<br>10 / 31 / 2011<br><b>Transaction ID : PR1819487925588</b> |
| Mailing Address 325 Seventh Street, NW<br>Suite 700   |   | Amount of Each Receipt this Period<br>80.00                                  |
| City Washington State DC Zip Code 20004-2801  | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$40.00 Bi-Weekly)  |
| Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director                                    | Aggregate Year-to-Date 840.00                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Linda Fishman</b>  |   | Date of Receipt<br>10 / 31 / 2011<br><b>Transaction ID : PR327629125588</b> |
| Mailing Address 325 Seventh Street, NW<br>Suite 700   |   | Amount of Each Receipt this Period<br>80.00                                 |
| City Washington State DC Zip Code 20004-2818  | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$40.00 Bi-Weekly)   |
| Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy                         | Aggregate Year-to-Date 840.00                                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Michael P. McCue</b>   |   | Date of Receipt<br>10 / 31 / 2011<br><b>Transaction ID : PR327771625588</b> |
| Mailing Address 122 N. Greenwood Avenue   |   | Amount of Each Receipt this Period<br>40.00                                 |
| City Park Ridge State IL Zip Code 60068-3227  | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$20.00 Bi-Weekly)   |
| Name of Employer American Hospital Association-Chicago Occupation Associate Director  | Aggregate Year-to-Date 420.00                                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 138 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Suzanne R. Sonik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Director, Long-Term Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR32777225588**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Debra J. Stock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1022 S. Harvey Avenue  
 City Oak Park State IL Zip Code 60304-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR32777825588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Mr. Neil J. Jesuele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1003 Kimberly Place  
 City Great Falls State VA Zip Code 22066-1546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR327801725588**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 148.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Pamela Austin Thompson RN, MSN**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Chief Executive Officer, AONE & Sr. Vi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : PR327812025588**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Ms. Joan H. Lewis**

Mailing Address 6034 North 22nd Street

City Arlington State VA Zip Code 22205-3408

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : PR327831725588**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert J. Donovan**

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : PR327846225588**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 140 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Ellen A. Pryga**  
Full Name (Last, First, Middle Initial)

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City Washington State DC Zip Code 20008-2614

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR327851925588**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. Mr. Mark Seklecki**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR327858025588**

Amount of Each Receipt this Period **80.00**

P/R Deduction (\$40.00 Bi-Weekly)

**C. Mr. John F. Barry**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR327877825588**

Amount of Each Receipt this Period **80.00**

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 141 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. George F. Bergstrom</b>  |                                    | Date of Receipt<br>10 / 31 / 2011           |
| Mailing Address 130 North Garland Court #3002   |                                    | <b>Transaction ID : PR327895725588</b>      |
| City Chicago  | State IL                           | Zip Code 60602-4750                         |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>80.00 |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Vice President       | P/R Deduction (\$40.00 Bi-Weekly)           |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>840.00 |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Eileen M. Collins Offner</b>   |   | Date of Receipt<br>10 / 31 / 2011           |
| Mailing Address 325 Seventh Street, NW Suite 700  |   | <b>Transaction ID : PR327906125588</b>      |
| City Washington   | State DC                                  | Zip Code 20004-2818                         |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>28.00 |
| Name of Employer<br>American Hospital Association-Washingt  | Occupation<br>Director Policy Development | P/R Deduction (\$14.00 Bi-Weekly)           |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>294.00        |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ms. Judy Williams</b>  |                                    | Date of Receipt<br>10 / 31 / 2011           |
| Mailing Address One North Franklin Street   |                                    | <b>Transaction ID : PR327918925588</b>      |
| City Chicago  | State IL                           | Zip Code 60606                              |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>28.00 |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Director Membership  | P/R Deduction (\$14.00 Bi-Weekly)           |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>294.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 136.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 142 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Richard J. Umbdenstock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR328132825588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Ms. Barbara Lorsbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 7th Ave  
 City La Grange State IL Zip Code 60525-6406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR328136925588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Ms. Lauren A. Barnett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin Street  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Executive Director, SHSMD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR328174925588**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 188.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Donna J. Melkonian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5545 North Wayne  
 City Chicago State IL Zip Code 60640-1318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR328223825588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Mr. Ron O. Purcell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1093 N. Faldo Way  
 City Eagle State ID Zip Code 83616-5369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR328241425588**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Mr. Richard J. Pollack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3475 North Venice Street  
 City Arlington State VA Zip Code 22207-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR328260925588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 144 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms. Carla L. Luggiero</b>  |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 31 / 2011 |
| Mailing Address 325 Seventh Street, NW<br>Suite 700   |   | <b>Transaction ID : PR328490125588</b>                           |
| City Washington   | State DC                                | Zip Code 20004-2818  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>20.00                      |
| Name of Employer<br>American Hospital Association-Washingt  | Occupation<br>Senior Associate Director | P/R Deduction (\$10.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00      |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Carolyn Forcina</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 31 / 2011 |
| Mailing Address 200 Clover Hill Court   |                                    | <b>Transaction ID : PR328511825588</b>                           |
| City Yardley  | State PA                           | Zip Code 19067-5736  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>80.00                      |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Regional Executive   | P/R Deduction (\$40.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>840.00 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ms. Alicia N. Mitchell</b>   |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 31 / 2011 |
| Mailing Address 1501 N. Harrison Street   |   | <b>Transaction ID : PR328512025588</b>                           |
| City Arlington  | State VA  | Zip Code 22205-2726  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>40.00                      |
| Name of Employer<br>American Hospital Association-Washingt  | Occupation<br>Senior Vice President, Communications | P/R Deduction (\$20.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00                  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 140.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 145 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. George Arges**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin St.

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Senior Director, Health Data Managemen

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR328641125588**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. Mr. Anthony J. Burke**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin Ave.

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation President & CEO, AHA Solutions, Inc. &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR328913325588**

Amount of Each Receipt this Period **80.00**

P/R Deduction (\$40.00 Bi-Weekly)

**C. Ms. Rebecca Chickey**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation SPSA Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR329013425588**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **160.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. John R. Combes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR329071325588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Ms. Robyn Cooke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR329084425588**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Mr. W. Thomas Deweese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Interstate Boulevard South  
 City Nashville State TN Zip Code 37210-4634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR329215725588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin Street  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR329342625588**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Audrey L. Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1136 W. Farwell Ave.  
 City Chicago State IL Zip Code 60626-3861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR329654225588**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. Ms. Patricia Meersman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR330343325588**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 148 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Thomas Misfeldt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR330411625588**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Ms. Maureen D. Mudron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR330465225588**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. Mr. Paul N. Muraca**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4960 138th Circle West  
 City Apple Valley State MN Zip Code 55124-9229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR330475425588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 148.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 149 OF 178              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Gene O'Dell**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President, Strategic Planning

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR330547725588**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. Ms. Eileen O'Keefe**  
Full Name (Last, First, Middle Initial)

Mailing Address 172 Atteridge

City Lake Forest State IL Zip Code 60045-1715

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President, Constituency Section

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR330549225588**

Amount of Each Receipt this Period **80.00**

P/R Deduction (\$40.00 Bi-Weekly)

**C. Mr. Anthony Spohn**  
Full Name (Last, First, Middle Initial)

Mailing Address 3219 N. Oriole

City Chicago State IL Zip Code 60634-3232

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Executive Director, Associate Membersh

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR331098325588**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>160.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 150 OF 178   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Debi H. Tucker Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 N. Kentucky Street  
 City State Zip Code  
 Arlington VA 22205-3515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Washingt Director, State Issues Forum  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR331278825588**  
 Amount of Each Receipt this Period  
 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Darlene S. Vanderbush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 West Glendale Ave.  
 City State Zip Code  
 Alexandria VA 22301-2402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Washingt Director Advocacy and Public Policy Op  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR331304225588**  
 Amount of Each Receipt this Period  
 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Ms. Jo Ann Webb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City State Zip Code  
 Washington DC 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Washingt Sr. Director Federal Relations & Polic  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR331379125588**  
 Amount of Each Receipt this Period  
 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 136.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 178  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Judy Weinsheimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR331386925588**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Mr. Woodin Dale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 W. Central Road  
 City Arlington Heights State IL Zip Code 60005-2349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR331481325588**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. Mr. Donald May**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 521 Great Falls St.  
 City Falls Church State VA Zip Code 22046-2613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR331533225588**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 136.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 152 OF 178   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Elizabeth Summy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President, PMG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR346168125588**  
 Amount of Each Receipt this Period **80.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Ms. Megan Cundari**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **834.56**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR518031925588**  
 Amount of Each Receipt this Period **82.72**  
 P/R Deduction (\$41.36 Bi-Weekly)

**C. Ms. Laura M. Werner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **280.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR560101525588**  
 Amount of Each Receipt this Period **28.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>190.72</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 153 OF 178   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Carlos Jackson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Seventh Street, NW  
City Washington State DC Zip Code 20004-2802  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR566280925588**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Ms. Ashley B. Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 606 S. Royal St.  
City Alexandria State VA Zip Code 22314-4142  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Director, Policy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR766023725588**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C. Ms. Rochelle M. Archuleta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Seventh Street, NW Suite 700  
City Washington State DC Zip Code 20004-2818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR801366325588**  
Amount of Each Receipt this Period 28.00  
P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 108.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 154 OF 178   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms. Lisa Kidder Hrobsky</b>  |   | Date of Receipt<br>10 / 31 / 2011<br><b>Transaction ID : PR876637225588</b> |
| Mailing Address 325 Seventh Street, NW<br>Suite 700   |   | Amount of Each Receipt this Period<br>40.00                                 |
| City Washington   | State DC  | Zip Code 20004-2818   |
| FEC ID number of contributing federal political committee.<br>C   |   | P/R Deduction (\$20.00 Bi-Weekly)   |
| Name of Employer<br>American Hospital Association-Washingt  | Occupation<br>Vice President, Legislative Affairs |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00                |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Jennifer Armstrong Gay</b>   |   | Date of Receipt<br>10 / 31 / 2011<br><b>Transaction ID : PR928186525588</b> |
| Mailing Address 10702 Benning Way   |   | Amount of Each Receipt this Period<br>28.00                                 |
| City Spotsylvania   | State VA  | Zip Code 22551-4670   |
| FEC ID number of contributing federal political committee.<br>C   |   | P/R Deduction (\$14.00 Bi-Weekly)   |
| Name of Employer<br>American Hospital Association-Washingt  | Occupation<br>Director Communication Strategies |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>294.00              |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. David A. Strickland</b>  |   | Date of Receipt<br>10 / 31 / 2011<br><b>Transaction ID : PR939603925588</b> |
| Mailing Address One N. Franklin Street  |   | Amount of Each Receipt this Period<br>28.00                                 |
| City Chicago  | State IL  | Zip Code 60606  |
| FEC ID number of contributing federal political committee.<br>C   |   | P/R Deduction (\$14.00 Bi-Weekly)   |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Executive Director Quality Center |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>294.00              |   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 96.00     |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 116833.09 |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 178  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2011  
**Transaction ID : 19452992**

Amount of Each Receipt this Period  
 390.00

Full Name (Last, First, Middle Initial)  
**B. AZHHA Political Action Committee (Federal)**

Mailing Address 2901 North Central Avenue  
Suite 900

City Phoenix State AZ Zip Code 85012

FEC ID number of contributing federal political committee. **C** C00217687

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : 19496806**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 5390.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 5390.00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 OF 178  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. TD Bank**

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1303.59

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : 19506411**

Amount of Each Receipt this Period  
234.57

Interest Earned

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 234.57 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 234.57 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19506413**

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Paymentech**

Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19506415**

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19506416**

Amount of Each Disbursement this Period

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Norm Dicks For Congress Committee**

Mailing Address PO Box 1663

City Tacoma State WA Zip Code 98401

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rep. Norman D. Dicks**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : 19454554**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Lucille Roybal-Allard For Congress**

Mailing Address 6 E Street, Se

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rep. Lucille Roybal-Allard**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 34

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : 19454581**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Sherrod Brown**

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Sen. Sherrod Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : 19454584**

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Team Graham**

Mailing Address PO Box 1801

City Columbia State SC Zip Code 29202

Purpose of Disbursement  
2014 Contribution

**011**  
Category/  
Type

Candidate Name  
**Sen. Lindsey O. Graham**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: SC District:

Date of Disbursement  
MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : 19454586**  
Amount of Each Disbursement this Period  
1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address 99 W 1st Street

City Corning State NY Zip Code 14830

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Thomas Reed**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NY District: 29

Date of Disbursement  
MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : 19454593**  
Amount of Each Disbursement this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Stephen F. Lynch For Congress Committee**

Mailing Address 105 Farragut Road

City South Boston State MA Zip Code 02127

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Stephen F. Lynch**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MA District: 09

Date of Disbursement  
MM / DD / YYYY  
10 / 10 / 2011

**Transaction ID : 19454613**  
Amount of Each Disbursement this Period  
1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Kind For Congress Committee**

Mailing Address 205 5th Avenue South  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President  
State: WI District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19454623**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Rodney Alexander For Congress Inc.**

Mailing Address 319 Nancy'S Road

City Quitman State LA Zip Code 71268

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Rodney Alexander**

Office Sought:  House  
 Senate  
 President  
State: LA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19454625**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Searchlight Leadership Fund**

Mailing Address 700 Thirteenth Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2011 Contribution

Candidate Name

**Searchlight Leadership Fund**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19454639**

Amount of Each Disbursement this Period

2011 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Michael C. Burgess M.D.**

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19454758**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address P.O. Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Kevin Patrick Brady**

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19454764**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Lee Terry For Congress**

Mailing Address PO Box 540098

City State Zip Code  
Omaha NE 68154

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Lee Terry**

Office Sought:  House  
 Senate  
 President  
State: NE District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19454771**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Latta For Congress**

Mailing Address P.O. Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Robert Latta**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : 19454779**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn For Congress Inc.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : 19454786**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Next Century Fund**

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2011

**Transaction ID : 19459185**

Amount of Each Disbursement this Period

1000.00

2011 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Brettpac**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Brettpac**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2011

**Transaction ID : 19459186**

Amount of Each Disbursement this Period

1000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**B. Jobs, Opportunity & Education, PAC (JOEPAC)**

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Jobs, Opportunity & Education, PAC (JOEPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2011

**Transaction ID : 19459187**

Amount of Each Disbursement this Period

2500.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Jim Clyburn**

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : 19459188**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Erik P. Paulsen**

Office Sought:  House  
 Senate  
 President  
State: MN District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19459189**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Steve Austria For Congress**

Mailing Address 20 S Limestone St Suite 390

City Springfield State OH Zip Code 45502

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Steve Austria**

Office Sought:  House  
 Senate  
 President  
State: OH District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19466691**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Judy Biggert For Congress**

Mailing Address P.O. Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Judy Biggert**

Office Sought:  House  
 Senate  
 President  
State: IL District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19466692**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Bill Cassidy For Congress**

Mailing Address 8550 United Plaza Blvd.  
Suite 1001

City State Zip Code  
Baton Rouge LA 70809

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. William Cassidy MD**

Office Sought:  House  
 Senate  
 President  
State: LA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19466693**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Steve Cohen For Congress**

Mailing Address 349 Kenilworth Place

City State Zip Code  
Memphis TN 38112

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Stephen Ira Cohen**

Office Sought:  House  
 Senate  
 President  
State: TN District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19466694**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Davis For Congress/Friends Of Davis**

Mailing Address 5956 W. Race Avenue

City State Zip Code  
Chicago IL 60644

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Danny K. Davis**

Office Sought:  House  
 Senate  
 President  
State: IL District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19466695**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. A Whole Lot Of People For Grijalva Congressional C**

Mailing Address PO Box 1242

City Tucson State AZ Zip Code 85702

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Raul M. Grijalva**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19467300**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Nan Hayworth**

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Nan Hayworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19467332**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Joe Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19467340**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Steve Israel For Congress Committee**

Mailing Address PO Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Steve J. Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

/  /

**Transaction ID : 19467341**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Jim Jordan For Congress**

Mailing Address 1709 State Route 560 South

City State Zip Code  
Urbana OH 43078

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Jim Jordan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 04

Date of Disbursement

/  /

**Transaction ID : 19467342**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Blaine Luetkemeyer for Congress 2012**

Mailing Address P.O. BOX 25

City State Zip Code  
Holts Summit MO 65043

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Blaine Luetkemeyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

/  /

**Transaction ID : 19467343**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi For Congress**

Mailing Address 700 Thirteenth Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Nancy Pelosi**

Office Sought:  House  
 Senate  
 President  
State: CA District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19467396**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address 99 W 1st Street

City Corning State NY Zip Code 14830

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Thomas Reed**

Office Sought:  House  
 Senate  
 President  
State: NY District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19467397**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Ryan For Congress**

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Paul D. Ryan**

Office Sought:  House  
 Senate  
 President  
State: WI District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19467398**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Rep. Terri Sewell**

Office Sought:  House  
 Senate  
 President  
State: AL District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2011

**Transaction ID : 19467404**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Rep. Michael K. Simpson**

Office Sought:  House  
 Senate  
 President  
State: ID District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2011

**Transaction ID : 19467405**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Cliff Stearns**

Mailing Address PO Box 308

City Silver Springs State FL Zip Code 34489

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Rep. Clifford B. Stearns**

Office Sought:  House  
 Senate  
 President  
State: FL District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2011

**Transaction ID : 19467406**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Glenn Thompson**

Mailing Address PO Box 1112

City State Zip Code  
State College PA 16804

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Glenn W. Thompson**

Office Sought:  House  
 Senate  
 President  
State: PA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19467408**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Walden For Congress**

Mailing Address PO Box 1091

City State Zip Code  
Hood River OR 97031

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Gregory P. Walden**

Office Sought:  House  
 Senate  
 President  
State: OR District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19467409**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Daniel Webster for Congress**

Mailing Address 3400 Old Winter Garden Road

City State Zip Code  
Orlando FL 32805

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Daniel Webster**

Office Sought:  House  
 Senate  
 President  
State: FL District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19467412**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Edwin Perlmutter**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CO District: 07

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 25 |   |   | 2011 |   |   |   |   |   |

**Transaction ID : 19467419**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Peter Roskam**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 06

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 25 |   |   | 2011 |   |   |   |   |   |

**Transaction ID : 19467420**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. King For Congress**

Mailing Address 116 N Main St.  
PO Box 400

City State Zip Code  
Early IA 50535

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Steve A. King**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IA District: 05

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 25 |   |   | 2011 |   |   |   |   |   |

**Transaction ID : 19467421**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|         |
|---------|
| 3500.00 |
|---------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Yoder For Congress**

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Kevin Yoder**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 25 |   |   | 2011 |   |   |   |   |   |

**Transaction ID : 19467426**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Eric I. Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 25 |   |   | 2011 |   |   |   |   |   |

**Transaction ID : 19467427**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. JEB Fund (Jobs, Economy, Budget Fund)**

Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**JEB Fund (Jobs, Economy, Budget Fund)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |   |   |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y | Y | Y |
| 10 |   |   | 27 |   |   | 2011 |   |   |   |   |   |

**Transaction ID : 19468158**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

2011 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|         |
|---------|
| 3000.00 |
|---------|

**TOTAL** This Period (last page this line number only)..... ▶

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Larson For Congress**

Mailing Address 109 Pitkin Street

City East Hartford State CT Zip Code 06108

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John B. Larson**

Office Sought:  House  
 Senate  
 President  
State: CT District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2011

**Transaction ID : 19468199**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Courtney For Congress**

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joseph D. Courtney**

Office Sought:  House  
 Senate  
 President  
State: CT District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 Convention

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2011

**Transaction ID : 19468200**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Enzi For Us Senate**

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Sen. Michael B. Enzi**

Office Sought:  House  
 Senate  
 President  
State: WY District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2011

**Transaction ID : 19468206**

Amount of Each Disbursement this Period

1500.00

2014 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Grimm for Congress**

Mailing Address 560 - 9th Street

City State Zip Code  
Brooklyn NY 11215

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Michael Grimm**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19468225**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Joe Pitts**

Mailing Address PO Box 775

City State Zip Code  
Unionville PA 19375

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Joseph R. Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19468231**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Lone Star Leadership PAC**

Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

City State Zip Code  
Bethesda MD 20814

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Lone Star Leadership PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19468232**

Amount of Each Disbursement this Period

1000.00

2011 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Pallone For Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Frank Pallone Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NJ District: 06

Date of Disbursement

/  /

**Transaction ID : 19468259**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City State Zip Code  
Springfield MA 01108

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Richard E. Neal**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MA District: 02

Date of Disbursement

/  /

**Transaction ID : 19468271**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City State Zip Code  
Bowling Green KY 42102

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Brett Guthrie**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: KY District: 02

Date of Disbursement

/  /

**Transaction ID : 19468272**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Committee To Re-Elect Nydia M. Velazquez To Congre**

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nydia M. Velazquez**

Office Sought:  House  
 Senate  
 President  
State: NY District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2011

**Transaction ID : 19496843**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Sue Myrick For Congress**

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sue Wilkins Myrick**

Office Sought:  House  
 Senate  
 President  
State: NC District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2011

**Transaction ID : 19496845**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. ERIC PAC-Every Republican is Crucial PAC**

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Void of 06/11 Contribution

Candidate Name

**ERIC PAC-Every Republican is Crucial PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2011

**Transaction ID : 19506412**

Amount of Each Disbursement this Period

-1500.00

Void of 06/11 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. CAMPAC: Continuing a Majority Party Action Cmte**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 31    |   | 2011        |

Mailing Address 5915 Eastman Avenue  
Suite 100

**Transaction ID : 19509184**

City Midland State MI Zip Code 48640

Amount of Each Disbursement this Period

|          |
|----------|
| -5000.00 |
|----------|

Purpose of Disbursement  
Void of 05/11 Contribution

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Void of 05/11 Contribution

Candidate Name

**CAMPAC: Continuing a Majority Party Action Cmte**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Dave Camp For Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 31    |   | 2011        |

Mailing Address 5915 Eastman Avenue  
Suite 100

**Transaction ID : 19509186**

City Midland State MI Zip Code 48640

Amount of Each Disbursement this Period

|          |
|----------|
| -5000.00 |
|----------|

Purpose of Disbursement  
Void of 05/11 Contribution

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Void of 05/11 Contribution

Candidate Name

**Rep. David Lee Camp**

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Friends Of Joe Heck**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 27    |   | 2011        |

Mailing Address PO Box 750114

**Transaction ID : 19523828**

City Las Vegas State NV Zip Code 89136

Amount of Each Disbursement this Period

|          |
|----------|
| -1000.00 |
|----------|

Purpose of Disbursement  
Void of 07/11 Contribution

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Void of 07/11 Contribution

Candidate Name

**Rep. Joe Heck**

Office Sought:  House  
 Senate  
 President  
State: NV District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|           |
|-----------|
| -11000.00 |
|-----------|

|          |
|----------|
| 56500.00 |
|----------|